FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
95 JUN -1 AM 10:10

DOCUMENT # **L26794** **(2)**

1. Corporation Name
WOODY'S BAR-B-Q IX, INC.

Principal Place of Business	Mailing Address
% JAMES W. MILLS 1626 ATLANTIC UNIVERSITY CIRCLE JACKSONVILLE FL 32207-2227	% JAMES W. MILLS 1626 ATLANTIC UNIVERSITY CIRCLE JACKSONVILLE FL 32207-2227

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-2975848** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLS, JAMES W.
1626 ATLANTIC UNIVERSITY CIRCLE
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MILLS, JAMES W JR	12 NAME	
STREET ADDRESS	8045 WHISPER LAKE LANE W	13 STREET ADDRESS	
CITY ST ZIP	PONTE VEDRA BCH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, SCOTT	22 NAME	
STREET ADDRESS	3333 ATLANTIC BLVD - P.O. BOX 10099	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	MILLS, YOLANDA H.	32 NAME	
STREET ADDRESS	8045 WHISPER LAKE LANE W	33 STREET ADDRESS	
CITY ST ZIP	PONTE VEDRA BCH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ 5/23/95 904-724-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
YOLANDA H. MILLS

0010003 CP

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Secretary of State
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # L26906 (2)

1. Corporation Name

ELLENTON REALTY, INC.

Principal Place of Business	Mailing Address
3912 U.S. HWY 301 N. POST OFFICE BOX 103 ELLENTON FL 34222	3912 U.S. HWY 301 N. POST OFFICE BOX 103 ELLENTON FL 34222

2. Principal Place of Business 21 ___
Suite, Apt #, etc 22 ___
City & State 23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___
Suite, Apt. #, etc. 27 ___
City & State 28 ___
Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: **10/31/1989**

3a. Date of Last Report: **06/21/1994**

4. FEI Number: **65-0153449** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARDSON, R. OMAR
3912 U.S. HWY 301 N.
SUITE 2
ELLENTON FL 34222

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ___ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, OMAR R.	1 2 NAME	
STREET ADDRESS	5403 PALMETTO PT. DR.	1 3 STREET ADDRESS	
CITY ST ZIP	PALMETTO FL	1 4 CITY ST ZIP	
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Omar Richardson *R. Omar Richardson* 6/2/95 (813) 729-2381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0464774 FP