PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L26794

WOODY'S BAR-B-Q IX, INC.

| Principal Place | of Business | Mailing Address | | t ibatthii gra crain arter cone corre | ir Atālit Atāli minit atāli Atāli atali idai | |
|--|---|---|----------------|--|--|--|
| % JAMES W. MILLS 1626 ATLANTIC UNIVERSITY CIRCLE 4626 ATLANTIC UNIVERSITY CIRCLE | | % JAMES W. MILLS 1626 ATLANTIC UNIVERSITY CIRC JACKSONVILLE FL 32207-2227 | .E | | DO NOT WRITE IN THIS SPACE | |
| | | • | | 3. Date Incorporated or Qualifed 10/31/1989 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4, FEI Number | Applied For | |
| 21 | | 26 7751 BELFORT | MARKWAY | 59-2975848 | Not Applicable | |
| - Suite, Apt | #, eto | Suite, Apt. #, etc. 27 Suite / 75 | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State 28 TACKSONVIIIC Zip Co | FI | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | L · . | | 8. This corporation owes the current y | | |
| 24 | | 29 32236 30 | USA | Personal Property Tax. | Yes No | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Regi | stered Agent | |
| | | | 81 Name | | | |
| MILLS, JAMES W. 1628-atlantic University Circ le | | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| | | | 773 | 1 BELFORT PARKWAY | | |
| | (SONVILLE FL | | 83 | | | |
| · C | HANGE OF Address | only | | z /75 ⁻ | 85 Zip Code | |
| | | , | 84 City | KSUN 4:11P | FL 32357 | |
| office or n | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | Horida, Such change was authorize | above-named co | orporation submits this statement for the purpartion's board of directors. I hereby accept the | ose of changing its registered | |
| SIGNATURE | | | | | | |
| Olovovi Olic | Signature, typed or printed name of registered agent | | | | DATE | |
| 12. | OFFICERS AND | | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 Addition | |
| TITLE | DP | | TITLE | | E Change D Addition | |
| NAME | MILLS, JAMES W JR | | NAME | | | |
| STREET ADORESS | 8045 WHISPER LAKE LANE W | 1.3 | | 203 N. Roscoe Blud | | |
| CITY-ST-ZIP | PONTE VERDRA BCH FL | | CITY-ST-ZIP | PONTE VENEA BEACH, FI 3 | 2082 | |
| TITLE | D | DELETE 2.1 | IIILE | · | Change ☐ Addition | |
| NAME | MILLER, SCOTT - | <u> </u> | NAME | والمسارح المسارح | | |
| STREET ADDRESS | 3333 ATLANTIC BLVD - P.O. BO | X 10099 2.3 | | 100 Kinzfisher Diz. | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 | ÇITY-ST-ZIP | Ponte Veden Beach, Fl 32 | 082 | |
| TITLE | STD | ☐ DELETE 3.1 | TITLE | | ☐ Change ☐ Addition | |
| NAME | MILLS, YOLANDA H. | 3.2 | NAME | | | |
| STREET ADDRESS | 8045 WHISPER LAKE LANE W | 3.3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL | 3.4. | CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE 4.1 | TITLE | | Change Addition | |
| NAME | | 4.2 | NAME | | | |
| STREET ADDRESS | Programme State of the second | 4.3 | STREET ADDRESS | | ļ | |
| CITY-ST-ZIP | | 4.4 | CITY-ST-ZIP | | | |
| TITLE | | | TITLE | | ☐ Change ☐ Addition | |
| NAME | | | NAME | | l | |
| STREET ADDRESS | | 5.3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | • | 5.4 | CITY-ST-ZIP | | | |
| TITLE | | | TITLE | | ☐ Change ☐ Addition | |
| | | | | | | |
| NAME | | 6.2 | NAME | | | |

SIGNATURE:

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address with all other like empowered.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90123 004 ***150.00

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