

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M66722

(3)

1. Corporation Name

NOLAN'S BAR B Q II, INC.

Principal Place of Business

**C/O GARY M. NOLAN JR.
1981 S. FEDERAL HIGHWAY
STUART FL 34994**

Mailing Address

**C/O GARY M. NOLAN JR.
1981 S. FEDERAL HIGHWAY
STUART FL 34994**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/27/1988

3a. Date of Last Report
03/30/1994

4. FEI Number
65-0032910

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

2. Principal Place of Business

21 **3120-5451**

Suite, Apt. #, etc.

2a. Mailing Address

26 **1501-Decker AVE**

Suite, Apt. #, etc.

22 **FL**

City & State

27 **#314**

City & State

24 **34994**

Zip

25 **USA**

Country

29 **34994**

Zip

30 **USA**

Country

9. Name and Address of Current Registered Agent

**NOLAN JR., GARY M.
1981 S. FEDERAL HIGHWAY
STUART FL 34994**

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

Gary M. Nolan Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/10/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
NOLAN JR., GARY M.
4769 SE MANATEE TERR.
STUART FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
NOLAN, KATHRYN M.
4769 SE MANATEE TERR.
STUART FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 changing, or on an attachment with an address.

SIGNATURE:

Gary M. Nolan Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemptions (Section 110.07(3)(k))

4-24-95