## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # M68138** 1. Corporation Name

BROOKS BRIDGE BAR-B-QUE & CAFE INC.

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90081 032 \*\*\*150.00



|                                |  |                                |            |        |         |                                  |   |                                       | ()              |
|--------------------------------|--|--------------------------------|------------|--------|---------|----------------------------------|---|---------------------------------------|-----------------|
| Principal Place                | of Business  | Mailing Address                | ng Address |        |         |                                  |   | # # # # # # # # # # # # # # # # # # # | 1841 81815 1884 |
| % Dennis F. Ritter             |  | % DENNIS F. RITTER             |            |        |         |                                  |   |                                       |                 |
| 240 MIRACLE STRIP PARKWAY S.E. |  | 240 MIRACLE STRIP PAHKWAY S.E. |            |        |         | DO NOT WRITE IN THE              | enace.  |                                       |                 |
| FT. WALTON BEACH FL 32548      |  | FT. WALTON BEACH FL 32548      |            |        |         | DO NOT WRITE IN THIS SPACE       |   |                                       |                 |
|                                |  |                                |            |        |         |                                  | 3. Date Incorporated or Qualifed 02/04/1988   |                                       |                 |
| 2. Principal P.                | ace of Business  | 2a. Mailing Address            |            |        |         |                                  | 4. FEI Number                                 |                                       | plied For       |
| 21                             |  | 26                             |            |        |         | 59-2866114                       |   | t Applicable                          |                 |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.            |            |        |         | 5. Certificate of Status Desired | \$8.75  |                                       |                 |
| 22                             |  | 27                             |            |        |         |                                  | <del> </del>                                  | Fee Re                                |                 |
| City & State                   | e  | City & State                   |            |        |         | 6. Election Campaign Financing   | \$5.00  | -                                     |                 |
| 23                             |  | 28                             |            |        |         |                                  | Trust Fund Contribution                       | Added I                               | o Fees          |
| Zip<br>∼τ                      | Country  | Zip Country                    |            |        |         |                                  | 8. This corporation owes the current year Int |                                       | □No             |
| 24                             | 25   | 29                             | 30         |        |         |                                  | Personal Property Tax.                        | Yes                                   |                 |
|                                | 9. Name and Address of Current   | t Registered Agent             |            | 81     | Name    |                                  | 10. Name and Address of New Registered        | Agent                                 |                 |
| R)TTI                          | er, dennis f.  |                                | 1          | ٠,     | Hanne   |                                  |   |                                       |                 |
| 240 MIRALCE STRIP PARKWAY S.E. |  |                                | ļ          | 82     | Street  | A ddre                           | ess (P.O. Bo < Number is Not Acceptable)      |                                       |                 |
|                                | VALTON BEACH FL 32548  |                                |            | 83     |         |                                  |   |                                       |                 |
| • • • •                        | 77.2.1 017 22.107.1 2 020.10   |                                | ļ          | 83     |         |                                  |   |                                       |                 |
|                                |  |                                |            | 84     | City    |                                  | FL  | 85 Zip (                              | ode             |
| SIGNATURE                      | n familiar with, and a color the obligation of t | tre                            | _          |        |         |                                  | d when reinstating.                           | 97                                    |                 |
| 12.                            | OFFICERS AN  | ) DIRECTORS                    | 13.        |        |         |                                  | ADDITIONS/CHANGES TO OFFICERS AN              | D DIRECTO                             |                 |
| TITLE                          | D  | ☐ DELETE                       | 1.1 T/T    | LΕ     |         | Ì                                |   | Change                                | Addition        |
| NAME                           | RITTER, DENNIS F.  |                                | 1.2 NA     | ME     |         |                                  |   |                                       |                 |
| STREET ADDRESS                 | 856 SCALLOP COURT  |                                | 1.3 ST     | REET   | ADDRESS | ì                                |   |                                       | 1               |
| CITY-ST-ZIP                    | FT. WALTON BEACH FL  | 1.4 CI                         |            |        | -ZIP    | ↓_                               |   |                                       |                 |
| TITLE                          | D  | ☐ DELETE 2.1 TI                |            |        |         |                                  |   | Change                                | Addition        |
| NAME                           | engler, K. Dale  |                                |            |        |         |                                  |   |                                       |                 |
| STREET ADDRESS                 | 245 BROOKS ST. SE  |                                | 2.3 ST     | REET   | ADDRESS |                                  |   |                                       | Ì               |
| CITY-ST-ZIP_                   | FT. WALTON BEACH FL  |                                | 2. 4 CI    | TY-ST  | r-zip   | <u> </u>                         |   |                                       |                 |
| TITLE                          | D  | ☐ DELETE                       | 3.1 TIT    | LE     |         |                                  |   | Change                                | Addition (      |
| NAME                           | EDWARDS, RICHARD L., III   |                                | 3.2 NA     | ME     |         |                                  |   |                                       |                 |
| STREET ADDRESS                 | 856 SCALLOP COURT  |                                | 33 ST      | REET   | ADDRESS | 1                                |   |                                       |                 |
| CITY-ST-ZIP                    | FT. WALTON BEACH FL  | <del></del>                    | 3.4. Cf    | TY-\$1 | -ZIP    | ↓_                               |   |                                       |                 |
| TITLE                          |  | ☐ DELETE                       | 4.1 TIT    |        |         |                                  |   | Change                                | ☐ Addition      |
| NAME                           |  |                                | 4.2 N/     | ME     |         |                                  |   |                                       |                 |
| STREET ADDRE 3S                |  |                                | 4.3 ST     | REET   | ADDRESS | • ]                              |   |                                       | )               |
| CITY-ST-ZIP                    |  |                                | 4.4 CIT    |        | -ZIP    | <u> </u>                         |   |                                       |                 |
| TITLE                          |  | ☐ DELETE                       | 5.1 TIT    |        |         | }                                |   | Change                                | ☐ Addition      |
| NAME                           |  |                                | 5.2 NA     |        |         | 1                                |   |                                       |                 |
| STREET ADDRESS                 |  |                                |            |        | ADDRESS | 1                                |   |                                       | }               |
| CITY-ST-ZIP                    |  |                                | 54 CM      |        | -ZIP    | Ц                                |   |                                       |                 |
| TITLE                          |  | ☐ DELETE                       | 6.1 TiT    |        |         | }                                |   | Change                                | Addition        |
| NAME                           |  |                                | 62 NA      |        |         | 1                                |   |                                       | .               |
| STREET ADDRESS                 |  |                                |            |        | ADDRESS | •                                |   |                                       | }               |
| CITY-ST-ZIP                    |  |                                | 6.4 CIT    | ry-st  | - ZIP   | L.                               |   |                                       |                 |

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR