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

APPROVED AND FILED

95 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M71637** **(6)**

1. Corporation Name
JIMMY JOES BBQ, INC.

Principal Place of Business
320 OCEAN AVE.
MELBOURNE BEACH FL 32951

Mailing Address
320 OCEAN AVE.
MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/11/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # etc. (22) (27)
City & State (23) (28)
(24) (25) (29) (30)

4. FEI Number: **59-2895444** ☐ 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 is qualified for exemption as under s. 290.05, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SILVERNAIL, J. P.
~~551 INVERNESS AVE.~~
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name: SILVERNAIL J P
82 Street Address (P.O. Box Number is Not Acceptable): 750 CEDAR HILL WAY
83
84 City: MELBOURNE FL 85 Zip Code: 32940

11. Pursuant to the provisions of Section 607.0502 and 607.1500 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: (If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent, Registered Agent must sign above) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	DT	TYPE	☐ Change ☐ Addition
NAME	SILVERNAIL, B. J.	NAME	
STREET ADDRESS	320 OCEAN AVE.	STREET ADDRESS	
CITY, ST, ZIP	MELBOURNE FL	CITY, ST, ZIP	
TYPE	DS	TYPE	☒ Change ☐ Addition
NAME	SILVERNAIL, J. P.	NAME	SILVERNAIL J.P.
STREET ADDRESS	~~551 INVERNESS AVE.~~	STREET ADDRESS	750 CEDAR HILL WAY
CITY, ST, ZIP	MELBOURNE FL	CITY, ST, ZIP	MELBOURNE FL. 32940
TYPE	DP	TYPE	☐ Change ☐ Addition
NAME	SILVERNAIL, JAMES GARY	NAME	
STREET ADDRESS	320 OCEAN AVE.	STREET ADDRESS	
CITY, ST, ZIP	MELBOURNE FL	CITY, ST, ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. To the best of my knowledge, all the information required to be reported in this annual report or supplemental annual report is true and accurate and that my signature shall be 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 above, or on an attachment with an asterisk.

SIGNATURE: [signature] 4/28/95 1:35 PM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE)

0074332 CP