FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCU	MENT # N	142562	2 (1)						
Corporation	71146110		•	,						
SUNN	SONNY'S REAL PIT BAR-B-Q ADVERTISING FUND, INC.								**** **** ****	··
Principal Place of Business Mailing Address								T PORTER OUT DIGIT LIBER REAL DIVING	FIDA DIDAN BIBAR DADI	A OLDIN OHON BIBAN NODE
	AND CENTER PKWY		2605 MAITLAND	CENTER PKWY			I			
STE C MAITLAND FL 32751			STE C Maitland FL 32751				I			
US	TE SETSI		US				I	3. Date Incorporated or Qualified	3a. Date of	
2 Principal P	Principal Place of Business			2a. Mailino Address				03/15/1991 4. FEI Number	05/0	01/1995
21			26. Mailing Address	,			I	59-3055333		Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 Additional		
22			27					5. Certificate of Status Desired		Fee Required
City & State			City & State				6. Election Campaign Financing		5.00 May Be	
Zip	Countr	v	Zip		untry			Trust Fund Contribution		odded to Fees
24	25		29 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
	9. Name and Addre	ss of Current R	egistered Agent				10. Name and Address of New Registered Agent			
					81	Name				
YARMUTH, ROBERT N.					82	Street /	Addres	s (P.O. Box Number is Not Acceptable)	
2605 MAITLAND CENTER PKWY					83					7.4
STE C MAITLAND FL 32751										
MAILAND FL 32731					84	City			F1 85	Zip Code
 Plusuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the aborder or registered agent, or both, in the State of Florida. Such change was authorized by the clamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. 							rporati	on submits this statement for the purpo		its registered office
familiar wi	th, and accept the obliga	tions of, Section	617.0503, Florida Stat	norized by the tutes.	corpo	oration's i	board (of directors. I hereby accept the appoir	ntment as regist	ered agent. I am
SIGNATURE .	Security board or proted page.	of manufactor and	the descriptions	AIONE Parieta						
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Register OFFICERS AND DIRECTORS 13					i signaturo re	squired wr	ten reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTORS IN 12
TETLE	D		DELETE	1.1 T	ITLE		D		Chai	
NAME	YARMUTH, ROBE			1.2 N	IAME		Y/	ARMUTII, ROBERT N.	XX	_
STREET ADDRESS	867 S. GRANT S1		1.3 STREET			801 Elizabeth Drive				
CITY-ST-ZIP TITEF	LONGWOOD FL	DELETE		1.4 CITY - ST - ZIP 2 1 TITLE			inter Park, FL 32			
NAME							D	regionic Thinks of	, ¬Char	nge 🔲 Addition
STREET ADDRESS	AFOR MIDIAN DAMAGE							ARMUTII, JEFFREY I		
CITY-ST-ZIP	MAIT AND EX							525 Indian Dance		
TITLE	D		DELETE	3.170		1.71	M 2	aitland, FL 3275	Char	nge 🔲 Addition
NAME	YARMUIN, WILLIA			32 N	AME		_	ARMUTH, WILLIAM B		
STREET ADDRESS	E. 10 ATELIOE OF THE WOODS							000 Woodstone Way		
CITY-ST-ZIP	LOUISVILLE KY		Постеть		CITY-S	T-ZIP		ouisville, KY 402	41	
TITLE			DELETE	4.1 T(. ,	☐ Char	nge 🔲 Addition
NAME STREET ADDRESS					NAME VDCCV 4					•
CITY-ST-ZIP	I				IREET A	ADDRESS		. —		
TITLE			DELETE	51 TI		-21			0484	ige Addition
NAME	ı			5 2 N				-03/15/360115	4030	
STREET ADDRESS	ı					ADDRESS		不不不し1。こう		
CITY-ST-ZIP				5.4 C	ITY-ST	-ZIP				
TITLE	1		DELETE	6.1 T/	TLE				Chan	nge 🔲 Addition
NAME	:			6.2 N/	AME)2/1,2/
STREET ADDRESS				6.3 S ¹	rreet A	ADDRESS				211
CITY-ST-ZIP	v certify that the informati	ion ounclied :: !#!:	Abia from the order of	6.4 CI	ITY - ST	-ZIP				

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND THE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND THE OFFICER OR DIRECTOR

SIGNATURE AND THE