

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 APR 27 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014651 (3)

1. Corporation Name

B J'S BARBEQUE, INC.

Principal Place of Business

478 U.S. HIGHWAY #1
SEBASTIAN FL 32958

Mailing Address

P.O. BOX 781407
SEBASTIAN FL 32978
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/21/1992**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
59-3159107

Applied For
 Applied For
 Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

24

County

25

Zip

29

County

30

8. This corporation has liability for intangible tax under S. 194.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**VANDEVOORDE, RENE G
1327 NORTH CENTRAL AVENUE
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE: **PTSD**
NAME: **MORCHESKY, JANE**
STREET ADDRESS: **1327 N CENTRAL AVE**
CITY - ST - ZIP: **SEBASTIAN FL 32958**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

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CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

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CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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)(a), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jane Morchesky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DIRECTOR

4/25/95 (407) 589-7113
Signature of Director