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Mar 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000001480 (1)

1. Corporation Name

CHUCK WAGON, INC.

Principal Place of Business

3483 SW WILUSTON RD.
GAINESVILLE FL 32608
US

Mailing Address

2100 SE 17TH ST., SUITE 300
SUITE 300
OCALA FL 34471-4181
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1992

4. FEI Number

59-3160883

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

LAMBERT, BEVERLY A
2100 S.E. 17TH STREET
SUITE 300
OCALA FL 34478

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BARRON, RICHARD L
STREET ADDRESS 3148 SE 95 ST
CITY-ST-ZIP Ocala FL

TITLE D ☒ DELETE

NAME GIRAGOSIAN, CHARLES K
STREET ADDRESS 2202 NW 36 TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PIC/D ☒ Change ☐ Addition

1.2 NAME RICHARD BARRON, RICHARD L.
1.3 STREET ADDRESS 3148 SE 95 ST
1.4 CITY-ST-ZIP Ocala, FL 34480

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME JANICE Q. BARRON
2.3 STREET ADDRESS 3148 SE 95 ST
2.4 CITY-ST-ZIP Ocala, FL 34480

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME JENNIFER L. HIGGINS
3.3 STREET ADDRESS RT-1 BOX 484A
3.4 CITY-ST-ZIP HICANDOPY, FL 32667

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 attached statement with an address.

SIGNATURE:

Richard L. Barron RICHARD L. BARRON 2/28/98 312-336-5671

CR2E034 (10/97)