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FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000020802 (3)

1. Corporation Name  
BONO'S PIT BAR-B-Q, INC.



Principal Place of Business

7411 FULLERTON ST., STE. 105  
JACKSONVILLE FL 32256

Mailing Address

7411 FULLERTON ST., STE. 105  
JACKSONVILLE FL 32256-3544

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/18/1993

3a. Date of Last Report

01/30/1996

4. FEI Number

59-3191740

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

TOOMEY, MARY A  
9250 BAY MEADOWS RD.  
SUITE 200  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name BEMENT, RONALD D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
7411 FULLERTON ST.  
83 Suite 105  
84 City Jacksonville FL 85 Zip Code 32256

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 *Ronald D. Bement* RONALD D. BEMENT, CONTROLLER

1/23/97

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	MORENCY, DAVID	
STREET ADDRESS	9250 BAYMEADOWS RD SUITE 200	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	O'STEEN, H. KENNETH JR.	
STREET ADDRESS	9250 BAYMEADOWS RD., STE. 200	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	KIRKMAN, KENNETH C	
STREET ADDRESS	9250 BAYMEADOWS RD., STE. 200	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GOETZ, DONALD L	
STREET ADDRESS	9250 BAYMEADOWS RD., STE. 200	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, B.J.	
STREET ADDRESS	9250 BAYMEADOWS RD., STE. 200	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7411 FULLERTON ST. Suite 105
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32256
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RHODEN, FRED K.
2.3 STREET ADDRESS	7411 FULLERTON ST. Suite 105
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32256
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DILLON, CHUCK
3.3 STREET ADDRESS	7411 FULLERTON ST. Suite 105
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32256
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 attachment with an address.

SIGNATURE:

*DAVID MORENCY* DAVID MORENCY

1/23/97

904-519-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)