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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000040572 (8)

1. Corporation Name WOODS BARBECUE OF SARASOTA, INC.



| | of Business | Mailing Address | | | | | | |
|--|--|--|--|---|--|----------------|-----------------------------|------------------------------|
| 5980 WINKLER FT. MYERS FL | | 5980 WINKLER RD. Ft. Myers Fl. 33919 | | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | | 3. Date Incorporated or Qualified 06/08/1993 | 3a. Date o | of Last Re 01/199 | port 5 |
| A. Driesiaal Die | ace of Business | 2a. Mailing Address | | | 4. FEI Number | <u> </u> | A | pplied For |
| 1 | TOS OL DOSILICAS | 26 | | | 65-0430098 | | N | lot Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc | | | 5. Certificate of Status Desired | | | Additional |
| 2 | | 27 | | | | | · | lequired |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | | | May Be I to Fees |
| 3 | | 28 | Coun ry | | Trust Fund Contribution 8. This corporation has liability for the second secon | intaggible tax | | |
| Zip □ | Country | Ζφ 29 | 30 | | Florida Statutes Yes | □ No | | |
| 4 | 9. Name and Address of Cur | | | | 10. Name and Address of New R | legistered A | gent | |
| | g, Hallo grid House | | 81 | Name | | | | |
| WOODS | , MICKIE L | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | ole) | | |
| | NKLER RD. | | | 300000 | | | | |
| FT. MYE | RS FL 33919 | | 83 | | | | | |
| | | | 84 | City | | | 85 Zıç | Code |
| | | | | | oration submits this statement for the pu | <u>FL</u> | | o alabarad a His |
| | | | | | | CATE | | |
| SIGNATURE | Signature typed or prode Lean colony-level a | | NOTE Reported Age | or signature regum | | DATE | DIRECTO | RS IN 12 |
| 12. | OFFICE RS | AND DIRECTORS | 13. | ती इसुरक्षी की बहुताल | ed was recovered. ADDITIONS/CHANGES TO OFF | ICERS AND | DIRECTO | RS IN 12 |
| 12. | OFFICERS DPST | | 13. 1 1 TITLE | nt signature redum | | ICERS AND | | |
| 12. TYLE NAME | OFFICE RS | AND DIRECTORS | 13. 1 1 TITLE 12 NAME | ir signaford religion | | ICERS AND | | |
| 12. TYLE NAME STREET ADDRESS | OFFICERS DPST WOODS, MICKIE L | AND DIRECTORS | 13. 1 1 TITLE 12 NAME | I ADDRESS | | ICERS AND |] Chang∈ | Addition |
| 12. TYLE NAME | OFFICERS DPST WOODS, MICKIE L 5980 WINKLER RD. | AND DIRECTORS | 13. 1 THLE 12 NAME 13 STEE | r address St-Zip | | ICERS AND | | |
| 12. THE NAME STREET ADDRESS CITY: ST-ZIP | OFFICERS DPST WOODS, MICKIE L 5980 WINKLER RD. | AND DIFECTORS DELETE | 13. 1 TITLE 12 NAME 13 STHEE 14 CITY-2 2 TITLE 22 NAME | I ADDRESS ST-ZIP | | ICERS AND |] Chang∈ | Addition |
| 12. THE NAME STREET ADDRESS CITY-ST-ZIP THEE | OFFICERS DPST WOODS, MICKIE L 5980 WINKLER RD. | AND DIFECTORS DELETE | 13. 1 THLE 12 NAME 13 STEEL 14 CITY-2 2 TTCLE 22 NAME 23 STREE | T ADDRESS T ADDRESS | | ICERS AND |] Chang∈ | Addition |
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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 supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation; or the receiver or trustee empoweed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changes from on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.96 941.481.1155