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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000047876 (6)**

1. Corporation Name  
**THAI BAR B Q INC.**

**FILED**

95 JAN 25 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1120 29TH ST VERO BCH. FL 32960**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/08/1993** 3a. Date of Last Report **08/17/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **1155 S. US#1** 26 **1155 S. US#1**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

City & State City & State  
23 **Ft. Pierce** 28 **Ft. Pierce**

Zip Country Zip Country  
24 **34950** 25 **St. Lucie** 29 **34950** 30 **St. Lucie**

9. Name and Address of Current Registered Agent

**SINGKHONKET, CHUENCHAI**  
**1120 29TH ST**  
**VERO BCH. FL 32960**

10. Name and Address of New Registered Agent

81 Name **Somma Headlee**  
82 Street Address (P.O. Box Number is Not Acceptable) **1155 S US#1**  
83  
84 City **Ft. Pierce** FL 85 Zip Code **34950**

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 *Somma Headlee* DATE 1/13/95  
Signature, typed or printed name of registered agent and file # (if applicable) (NOTE: Registered Agent signature required when re-registering)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGKHONKET, CHUENCHAI	1.2 NAME	Richard Brian Headlee
STREET ADDRESS	1120 29TH ST	1.3 STREET ADDRESS	1155 S US#1
CITY - ST - ZIP	VERO BCH FL	1.4 CITY - ST - ZIP	Ft. Pierce, FL 34950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.1 TITLE	Secretary/Treas/Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Somma Headlee
STREET ADDRESS		2.3 STREET ADDRESS	1155 S US#1
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Ft. Pierce, FL 34950 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I can 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)(b), 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: *Somma Headlee* DATE 1/13/95  
Signature and typed or printed name of signing officer or director