FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000064922 (6)

BREVARD BBQ, INC.

Principal Place of Business Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



2005 N. ATLANTIC AVENUE COCOA BEACH FL 32831		2005 N. ATLANTIC AVENUE COCOA BEACH FL 32931						
					DO NOT WRITE IN THIS S	SPACE		
					3. Date Incorporated or Qualified 09/17/1993			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	IA	oplied For	
21		26	26		59-3199497 Not App		ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing			
23		28			Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the curr	ent year In	langible	
24	25		30		Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
Parsons, Daniel R				B1 Name				
	05 N. ATLANTIC AVENUE		ļ,	B2 Street A	ddress (P.O. Box Number'is Not Acceptable)			
CC	OCOA BEACH FL 32931		Ļ		<u> </u>			
Cartifolis Company	e e e e e e e e e e e e e e e e e e e			B3				
	,		Î	B4 City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-named c	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appora-	changing it	ts registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statu	ites.	pration's board or directors. Thereby accept the appe	munem as	regisiereu	
SIGNATURE	Signature, typed or printed hame of registered ager	t soul tille if anylic abic (NOTE	Basistarad	Angat signatura tra	equired when reinstating) DATE			
12.	OFFICERS AND		13.	Agoni signature re	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	29 IN 12	
TITLE	P	DELETE	1.1 TITL	E	TOBITIONO/OFFININGEO TO OFFICENO AND	Change	Addition	
NAME	PARSONS, DANIEL R		1.2 NAM	ļ				
STREET ADDRESS	1363 E CRISAFULLI RD			EET ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL			Y-ST-ZIP				
TITLE	V	DELETE	2 1 TITL			Change	Addition	
NAME	PARSONS, LORI F		22 NAM					
STREET ADDRESS	1363 E CRISAFULLI RD			EET ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL		1	Y-SI-ZIP				
TITLE	81	DELETE	3.1 TITL			Change	Addition	
NAME	PARSONS, JEAN M		3.2 NAN	AE		- •	_ 1	
STREET ADDRESS	3073 SEA GATE CT			EET ADDRESS				
CITY-ST-ZIP	MEDDITT IOI AND EL			Y-ST-ZIP				
TITLE	D	DELETE	4.1 TITL			Change	Addition	
NAME	PARSONS, DUANE A		4. 2 NAI	VE .		-		
STREET ADDRESS	3073 SEA GATE CR			EET ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL			(-S1-ZIP				
TITLE	<u> </u>	DELETE	5.1 TITE			Change	Addition	
NAME			5.2 NAM	1E				
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE			6.1 TITL			Change	Addition	
NAME			6.2 NAM	IE			Ì	
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP				'-ST-ZIP				
14. Thereby of	ertify that the information supplied wit	h this filing does not qualify for	the exen	nption stated	in Section 119.07(3)(i), Florida Statutes. I further cer	tify 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.								