FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

Principal Place of Business

P93000086477 (5)

DUSTIN'S BAR-B-Q FRANCHISE CORP.

1208 S. RIDGEWOOD AVENUE EDGEWATER FL 32132 Maling Address

1208 S. RIDGEWOOD AVENUE EDGEWATER FL 32132



EDGEWATE	R FL 32132		EDGEWATER	EDGEWATER FL 32132					
							3. Date incorporated or Qualified 12/17/1993	3a. Date of La 05/0	ast Report)1/1995
2. Principal Pla	ace of Busines	SS	2a. Mailing Addres	2a. Mailing Address			4. FEI Number	-1	Applied For
21			26	<u> </u>			59-3224166		Not Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State			City & State	. 4			6. Election Campaign Financing		5.00 May Be
23			28				Trust Fund Contribution		Added to Fees
Zip		Country	Zφ		aritiy	1	8. This corporation has liability for i	•	ders 199.032,
24	L	25	29	30	,		Florida Statutes Yes		
	9. Name i	and Address of Curre	nt Registered Agent		1	T- 27	10. Name and Address of New R	egistered Agen	it
					81	Name			
PALMETTO CHARTER SERVICES INC.						Street Add	dress (P.O. Box Number is Not Acceptable)		
	agnolia a								
DAYTO	ona Beach	I FL 32115-2491			83				
					84	City		F1 85	Zip Code
11, Pursuant to	o the provisio	ns of Sections 607.050	2 and 607.1508, Florida	Statutes, the ab	L	named corpo	ration submits this statement for the pur	pose of changing	I g its registered offic
or registere	ed agent, or b	oth, in the State of Flor	da. Such change was a tion 607.0505, Florida S	uthorized by the	com	oration's boa	ard of directors. I hereby accept the appoint	bintment as regis	tered ägent I am
	i, a io decep	t the ornigination of the							
SIGNATURE _	Signation: Typical c	prince name of regelerad ager	ra otto tarphian	(NOT: Begivere	1 A _s e.	าร์ (อลู่ทางกำหราชอาการ	of where is stated.	DATE	
12.		OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		
TITLE	D		☐ DELET		THE			☐ Ch	ange Addition
NAME		NSON, WINSTON	-411 1=		AME				
STREET ADDRESS		S. RIDGEWOOD AVE	ENUE	135	STHEEL	F ADDRESS			
CITY-S1-ZIP	EDGE	WATER FL 32132				ST-ZIP		F7 0:	En Addition
THLE			DELF1		TITLE			Ch	ange 🔲 Addition
NAME					MAME				
SZERGCA LEGATS						T ADDRESS			
CITY - ST - ZIP			ETI DOLO			ST - 7:P		☐ Ch	ange
TITLE			DELF1		TITLE				ange LI Addition
NAME					MAME				
STREET ADDRESS						T ADORESS			
CITY - ST - ZIP			☐ DELE		ony-s Totle	\$1-ZP		[] Ch	ange Addition
TITLE			[DELL					[_] 0,	ange
NAME					NAME Traces	T ADDUCCE			
STREET ADDRESS						T ADDRESS			
CITY-ST-ZIP TITLE	-		DELF"		JIIY-S TITLE	S1-ZIP		□ Ch	ange
NAME			Lud Otte		NAMÉ.			டு	
						I ADDRESS			
STREET ADDRESS						ST-21P			
CITY-ST-ZIP TITLE	-		☐ DEL€		TITLE			Ch	ange Addition
NAME			الما والما	1	NAME			L 0.1	_ 2
						I ADDRESS			
STREET ADDRESS						Cr Zin			

14. 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 supplemental annual report is true and accurate and trial 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 attactment with an address.

SIGNATURE: Was for Jommson

4.996

904 H23-5299