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FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000019428 (9)

1. Corporation Name  
WOOLY BUGER, INC.



Principal Place of Business  
986 MCFARLAN  
FT WALTON BEACH FL 32547

Mailing Address  
986 MCFARLAN  
FT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3237798	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MITCHELL, R D JR  
429 LUKSIDE AVE  
DESTIN FL 32541

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

*R.D. Mitchell Jr*

(NOTE: Registered Agent signature required when reinstating)

29 APR 98  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PRES	1.1 TITLE	
NAME	MITCHELL, ROBERT DAVID S	1.2 NAME	
STREET ADDRESS	924 PORTER #210	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN SPRINGS MS	1.4 CITY-ST-ZIP	
TITLE	SECT	2.1 TITLE	
NAME	MITCHELL, MARY JACKIE	2.2 NAME	
STREET ADDRESS	924 PORTER #210	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN SPRINGS MS	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	MITCHELL, ROBERT DAVID J	3.2 NAME	
STREET ADDRESS	986 MCFARLAN	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

*R.D. Mitchell Jr*

29 APR 98

888-4421

CR2E034 (10/97)