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PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 MAY 20 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027137
Corporation Name
SMOKEY'S BAR B Q INC

Principal Place of Business: 3893 LAKE EMMA Rd, LAKE MARY FL 32746
Mailing Address: Same

3. Date Incorporated or Qualified: 4/6/94	3a. Date of Last Report: 96
4. FEI Number: 59-3233730	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

Principal Place of Business		26 Mailing Address	
Suite, Apt #, etc		27 Suite, Apt #, etc	
City & State		28 City & State	
Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent
THOMAS F. RUSCIANO
102 MOUND ST
Longwood FL 32750

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Sign (type or print name) (NOTE: Registered Agent signature required when resigning) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PRESIDENT TREASURER ☐ DELETE NAME: THOMAS F. RUSCIANO STREET ADDRESS: 102 MOUND STREET CITY-ST-ZIP: LONGWOOD FL 32750	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: V.P. SEC. ☒ DELETE NAME: BARBARA RUSCIANO STREET ADDRESS: 613 APPLEWOOD CITY-ST-ZIP: ALTAMONTE SPRINGS FL	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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****165.00 ****165.00

5/23/97

I do 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.

CR2E024 (9/96)