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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE .

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400062182** (8)

CHARLIE AND JAKE'S BAR-B-Q, INC.

Principal Place of Business Mailing Address					1 (EMILOR) LIN IBISE DIDIS DUSTI RULLI ARLIS	ANDIA SINA MANDI BIRAL INS	IN PHONE LAND
445 E EAUGALLIE BLVD MELBOURNE FL 32837 US		445 E EAUGLALLIE BLVD MELBOURNE FL 32937-4231 US	MELBOURNE FL 32937-4238				
					3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last I 02/20/1996	Report
Principal Prace of Business 1		2a. Mailing Address 26				 	opplied For lot Applicable
Suite, Apt #, etc 22		Suite, Apt. #, etc.	} 1		5. Certificate of Status Desired See Required Fee Required		
City & State		City & State	•••••		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζιρ 24]	Country 25	Zip 29	Count	y :	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent			
O'BRIEN, JAMES M				81 Name			
	N HARBOR CITY BLVD BOURNE FL 32935		8	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
MET	BOOTHIE I E OEGOS		8:	3			
			8	4 City	****	FL 65 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the St	0502 and 607.1508, Florida Statute ate of Florida. Such change was a digations of Section 607.0505. Flor	es, the about authorized to	ve-named corp by the corpora	poration submits this statement for the patients board of directors. I hereby acception's	urnose of changing	its registered s registered
SIGNATURE	Signature, typed or printed name of registored				rad when reinslating)		1844444444
12.		AND DIRECTORS	13.	gent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE	DC IN 12
101,F	D	DELETE	1.1 TITLE		ADDITIONS OF TAXABLE TO OF TAX	Change	Addition
NAME	JOHNSON, CHARLES G		1.2 NAME		·		
STHEET ACCURESS	2088 SEAWIND CT			T ADDRESS			
CiTY-S1-7iP	INDIALANTIC FL 32903		1.4 CITY	1			
TillE	DELETE		2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADORESS			2.3 STREE	et address			
CHY ST-ZIP			2 4 CITY	-ST-ZIP			
1 ILF		☐ DEŁETE	31 TITLE			Change	Addition
NAME			32 NAME		•		
STREET ADORESS			3 3 STREE	T ADDRESS .			
CDY-S1-76			3 4. CITY	-ST-ZIP	•		
T:1LE		☐ DELETE	4.1 TITLE		***************************************	☐ Change	Addition
NAME			4. 2 NAM				
STREET ADORESS			4.3 STREE	T ADDRESS			
CDY-ST-209			4.4 CITY	ST-ZIP			
TALE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	']
STREET ADORESS			5.3 STREE	T ADDRESS			1
CITY+ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	-			
STREET ADDRESS			6.3 STREE	T ADDRESS			{
CITY - ST- ZIP			6.4 CITY-	ST-ZIP			

14. 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.

SIGNATURE:

FILED

May 01 1997 8:00am

Secretary of State