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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katheringmarfis

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90079 028 ***150.00

1. Corporation	MENT# P940(n Name E AND JAKE'S BAR-B-Q,				I ABAHABAI AYA IBHIS BIRAN BAHIN BAHIN BAHIN BAHIN BA		
Principal Plac	e of Business	Mailing Address		<u>.</u>			
Principal Place of Business 445 E EAUGALLIE BLVD MELBOURNE FL 32937 US		445 E EAUGLALLIE BLVD MELBOURNE FL 32937 US		DO NOT WRITE IN TH	HIS SPACE		
••					3. Date Incorporated or Qualifed 08/19/1994		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		plied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-3279902 5. Certifcate of Status Desired □	\$8.75	Additional
2 City & Stat	Δ	City & State			& Flortion Campaign Financing	Fee Re \$5.00	•
3			<u>- </u>		Trust Fund Contribution	T	o Fees
Zip 4	Gountry 25	Zip	Cour	ntry	 This corporation owes the current year Personal Property Tax. 	☐ Yes	□No
د د	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Register	ed Agent	
O'BRIEN, JAMES M 516 N HARBOR CITY BLVD MELBOURNE FL 32935				81 Name	Address (P.O. Pay Number is Not Assentable)		
					82 Street Address (P.O. Box Number is Not Acceptable)		
	BOURNE EL 32935		İ	83			
	BOURNE FL 32935		j			los 7in /	Codo
MEL	•	STOR and SOT 4508 Florido Stor	tutos the sk	84 City	Formaration submits this statement for the number	· L '	Code
MEL 11. Pursuant office or agent. I a	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the ob	oligations of, Section 607.0505, F	-ionga Stail	84 City Dove-named of by the corporates.	corporation submits this statement for the purpose tration's board of directors. I hereby accept the appropriate the purpose squired when reinstating)	of changing its pointment as re	registered gistered
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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, with all other like empowered.

5.4 CITY-ST-ZIP

6.2 NAME ___

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

1-11-99 407-777-7675

Date Davline Phone #

Change

· [] Addition