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

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P95000024163 (4)**

1. Corporation Name
B-MAN'S BARBEQUE, INC.

Principal Place of Business
9332 N ASHLEY ST
TAMPA FL 33612

Mailing Address
9332 N ASHLEY ST
TAMPA FL 33612

3. Date Incorporated or Qualified: **03/27/1995**
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 County 30

4. FEI Number: 59-3099285 — Applied For / Not Applicable
5. Check Amount Enclosed [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. The corporation is subject to, but ineligible for, tax under s. 199.032, Florida Statutes: ☒ Yes [ ] No

9. Name and Address of Current Registered Agent
JENKINS, BRIAN
9332 N ASHLEY ST
TAMPA FL 33612

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

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned hereby accepts the designation as registered agent for the purposes of receiving process at the registered office or registered agent to be located in the State of Florida, and agrees to comply with the provisions of said section relative to keeping the registered office and registered agent in effect. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JENKINS, BRIAN
STREET ADDRESS	9332 N ASHLEY ST
CITY-ST-ZIP	TAMPA FL 33612
TITLE	D
NAME	JENKINS, ANDREA
STREET ADDRESS	9332 N ASHLEY ST
CITY-ST-ZIP	TAMPA FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

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***200.00

3-28-96

14. I do hereby, certify that the information indicated on this report or supplemental 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 hereof or I am a designated officer or director of the corporation.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 (813) 977-1466
DATE TELEPHONE NUMBER

CR2E034 (12/95)