

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

FILED

Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000039107 (3)

1. Corporation Name

RIB-IT BARBECUE, INC.



Principal Place of Business

Mailing Address

C/O EDWARD M. LIVINGSTON, ESQ.  
P O BOX 1599  
WINTER PARK FL 32790

C/O EDWARD M. LIVINGSTON, ESQ.  
P O BOX 1599  
WINTER PARK FL 32790-1599

3. Date Incorporated or Qualified

05/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3 Woodlyn Lane

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Palm Coast, FL

28

City & State

24

Zip

32164

Country

US

29

Zip

Country

9. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M  
628 ELLEN DRIVE  
WINTER PARK FL 32790

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 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

*James T. Guinness*

(NOTE: Registered Agent signature required when reinstating)

3/27/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME GUINES, JAMES T  
STREET ADDRESS 3 WOODLYN LANE  
CITY- ST- ZIP PALM COAST FL 32164

1.1 TITLE D/P ☒ Change ☐ Addition  
1.2 NAME Guines, James T.  
1.3 STREET ADDRESS 3 Woodlyn Lane  
1.4 CITY- ST- ZIP Palm Coast, FL 32164

TITLE D ☐ DELETE  
NAME BARBE, WALTER B  
STREET ADDRESS 910 CHURCH ST  
CITY- ST- ZIP HONESDALE PA 18431

2.1 TITLE D/V ☒ Change ☐ Addition  
2.2 NAME Barbe, Walter B.  
2.3 STREET ADDRESS 910 Church St.  
2.4 CITY- ST- ZIP Honesdale, PA 18431

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE S/T ☐ Change ☒ Addition  
3.2 NAME Guines, LaVerne F.  
3.3 STREET ADDRESS 3 Woodlyn Lane  
3.4 CITY- ST- ZIP Palm Coast, FL 32164

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

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 of supplemental information and additional information 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:

*James T. Guinness*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)