

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

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Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000053248 (6)**

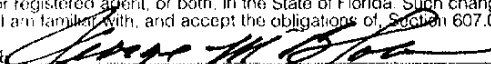
1. Corporation Name  
**MICKEY'S BAR-B-Q, INC.**



Principal Place of Business <b>669 KINGSLEY AVE ORANGE PARK FL 32073</b>	Mailing Address <b>669 KINGSLEY AVE ORANGE PARK FL 32073-5467</b>
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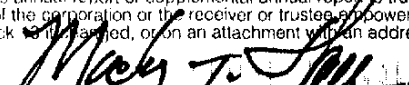
2. Principal Place of Business 21 <b>2362 A BLANDING BLVD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2362A BLANDING BLVD</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/18/1996</b>		3a. Date of Last Report	
22 City & State 23 <b>MIDDLEBURG, FL</b>		27 City & State 28 <b>MIDDLEBURG, FL</b>		4. FEI Number <b>59-5385591</b>		Applied For Not Applicable	
24 Zip <b>32068</b>		25 Country <b>CLAY</b>		29 Zip <b>32068</b>		30 Country <b>CLAY</b>	
9. Name and Address of Current Registered Agent <b>MICHAEL, JOAN O 669 KINGSLEY AVE ORANGE PARK FL 32073</b>				10. Name and Address of New Registered Agent 81 Name <b>GEORGE M. BLOOMER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2362 A BLANDING BLVD</b> 83 84 City <b>MIDDLEBURG</b> <b>FL</b> 85 Zip Code <b>32068</b>			

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:  DATE: **4/16/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, MICKEY T</b>	1.2 NAME	
STREET ADDRESS	<b>2358 OLANDER STE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, LESLIE A</b>	2.2 NAME	
STREET ADDRESS	<b>2358 OLANDER ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, JAMES K</b>	3.2 NAME	
STREET ADDRESS	<b>145 BERNATH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32059</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 or Block 14 or on an attachment with an address.

SIGNATURE:  DATE: **4/16/97** (904) 282-8220

CR2E034 (9/96)