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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Secretary & State 7 DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600066790 (2) BUBBA'S BAR-B-Q OVEN, INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address			
P.O. BOX 821 WILMINGTON NC 28402	P.O. BOX 821 WILMINGTON NC 28402-0	621		
THE PROPERTY OF THE PARTY OF TH				
 			3. Date Incorporated or Qualified 08/07/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 108 N. Kerr Ave	26 Box 821		56-1996566	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	- ·	5. Certificate of Status Desired	\$8.75 Additional
City & State	27 William ing t	1014		Fee Required
23 Williagha N.C.	28	· C ·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 28405 25 USA	Zip 2840 Σ	Country	8. This corporation has liability for in	itangible tax under s. 199.032,
24 28405 25 USA 9, Name and Address of Curr		30 \$4517-	Florida Statutes 10. Name and Address of New Reg	Yes No
WOLFE, LARRY	ient negistored Agent	81 Name	IV. Name and Address of New Neg	Istereo Agent
200 - A JOHN KNOX ROAD		1144		
TALLAHASSEE FL 32303-6643	82 Street Add	82 Street Address (P.O. Box number is Not acceptable)		
INCOMINGUE (C 02000-0045		83		
•				
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	1502 and 607 1608 Florida Statut	los the above named corr	poration submite this statement for the nu	
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the ob-	ate of Florida. Such change was	authorized by the corpora	tion's board of directors. I hereby accep	the appointment as registered
agent. I am familiar with, and accept the ob-	ligations of, Section 607.0505, Fl	orida Statutes.		
SIGNATURE Signature, typed or printed name of registered	agent and title if postpaskie	IE Hegistered Agent signature requi	lead when expectation)	DATE
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	EBS AND DIRECTORS IN 12
TITLE PARSE D	DELETE	11 DILE 5	SECRETARY - TRES. AROLYN S. WINSTE D. BOX 821 108 N.	☐ Change ☐ Addition
NAME WINSTEAD, ROBERT O	_	1.2 NAME	ARDIUM S. WINSTE	ad
STREET ADDRESS P.O. BOX 821 N/A /	08 N. Kerr	1.3 STRECT ADDRESS	- BOX 821 108 N.	Kerr Suite 6-1
CHY-ST-ZIP WILMINGTON NC 28402	Suite 6-1	1.4 C(1Y - S1 - Z(P	vilmington NC	28405
TITLE 5	DELETE	2.1 TITLE	211111111111111111111111111111111111111	Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP				
TITLE		2.4 EHY-SU-702		
, tires	DELETE	2 4 C/TY-ST-7/P 3.1 T/T/F		Change Addition
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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 trusted 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 atlachment with an address.

GNATURE:

910-791-0161