

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000092670**  
1. Corporation Name  
**Caldwell's Bar-B-Q & Grill, Inc.**

Principal Place of Business Mailing Address  
**7081 Gulf Blvd.  
St. Pete Beach, FL 33706**

2. Principal Place of Business 21 <b>7081 Gulf Blvd.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>7081 Gulf Blvd</b> Suite, Apt. #, etc.
22 City & State 23 <b>St. Pete Beach, FL</b>	27 City & State 28 <b>St. Pete Beach, FL</b>
24 Zip <b>33706</b>	25 Country <b>Pinellas</b>
29 Zip <b>33706</b>	30 Country <b>Pinellas</b>

3. Date Incorporated or Qualified <b>Nov. 7, 1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3407911</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Glenn A. Henry  
215 S. Tessler Dr.  
St. Pete Beach, FL 33706**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 **Glenn A. Henry - president**

**5/5/97**  
DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
<b>President Glenn A. Henry 215 S. Tessler Dr. St. Pete Beach, FL 33706</b>	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
<b>Vice President Lois Henry 215 S. Tessler Dr. St. Pete Beach, FL 33706</b>	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
<b>Secretary Carmille Kober 285 South Pickett St. Apt 402 Alexandria, VA 22304</b>	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-05/20/97--01051--028  
\*\*\*165.00**

**CS  
5/8/97**

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 unchanged, or on an attachment with an address.

SIGNATURE: **Glenn A. Henry**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-5-97** Date  
**(813) 363-6313** Daytime Phone #

CR2E034 (9/96)