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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098946 (1)

RAY CRANFORD'S B-B-Q, INC.

550 EAST NINE MILE ROAD

550 EAST NINE MILE ROAD

PENSACOLA FL 32523

PENSACOLA FL 32523

CRANFORD, PENNY

STREET ADDRESS

STREET ADDRESS

CITY-ST-2W

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE
NAME
STREET ADDRESS

TITLE

Principal Place of Business Mailing Address 550 EAST NINE MILE ROAD 550 EAST NINE MILE ROAD PENSACOLA FL 32523 PENSACOLA FL 32523 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/20/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 3478617 Applied For Not Applicable 28 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year intangible 24 29 30 Personal Property Tax due June 30. X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **AMERILAWYER** % Scott BASS + SANDFURT Accountate 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable)
12.7 E ZARA 602 A ST **B2** SANDFOR **CORAL GABLES FL 33134** 83 Citypen Sacola 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition CRANFORD, MAJORIE 1.2 NAME NAME

NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS** CITY-ST-ZIP

1.3 STREET ADDRESS

2.3 STREET ADORESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

2.1 TITLE

22 NAME

3.1 TITLE

4.1 TITLE

14. 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 Inchapter 607 and attachment with an address.

SIGNATURE!

ranford

DELETE

DELETE

DELETE

4-27.98 850-479.985

Change

Change

Addition

☐ Addition

**FILED** 

May 04 1998 8:00am

Secretary of State