Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90086 015 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business Auxiliary Address 425 HIL ST. MMS RL 32754 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/01/1997 2. Principal Place of Business 2. Amiliary Address 2. Principal Place of Business 2. Amiliary Address 3. Date incorporated or Qualified 12/01/1998 2. Principal Place of Business 2. Amiliary Address 3. Date incorporated or Qualified 12/01/1997 2. Principal Place of Business 3. Date incorporated or Qualified 12/01/1997 3. Date incorporated or Qualified 12/01/1997 3. Date incorporated or Qualified 12/01/1998 3. Date incorporated or Qualified 12/01/1998 3. Date incorporated or Qualified 14/2/01/1997 3. Certificate of Status Desired \$8.75 / Address 4. File Number \$8	1. Corporation	MENT# P97000 Name ADDY'S BARBECUE, INC.)102131					
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9, Name and Address of Current Registered Agent REGISTER, FRED M 4215 HILL ST. MIMS FL 32754 11. Pursuint to the provisions of S-chione 607 050°, and 607 1506, Elonida Statistics. The above-parted curporation submits this statement for the pursue of changing its registered office or registered agent, and the state of the chips of the componition of S-chione 607 050°, and 607 050°, Florida Statistics. The above-parted curporation submits this statement for the pursue of changing its registered office or the registered agent, and the state of the obligation of S-chione 607 050°, Florida Statistics. SIGNATURE SIGNATURE 12. OFFICERS ANI DIRECTORS 13. ADDITI DISCHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS ANI DIRECTORS 15. ADDITI DISCHANGES TO OFFICERS AND DIRECTORS IN 12. THE Change Addition and the state of the componition and the state of	Zip	Country		_ `	<i>f</i>	8. This corporation owes the current year		. .
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### Action ### Actions ###	DEG	ISTED FREN M		61	Name			
MIMS FL 32754 11. Pursuant to the provisions of Sictions 607,0500; 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, 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, 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, or both in the florida Statutes. The above-named corporation submits statement for the purpose of changing its registered agent, or both in the florida Statutes, the above-named corporation submits statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The purpose of change is closed agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent. The agent is a statement for the purpose of changing its registered agent agent agent a				82	Street A Id	dress (P.O. Bok Number is Not Acceptable)		
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CITY-ST-ZIP 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 of 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, of on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRES S

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR