

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90093 027 ***150.00

DOCUMENT # P98000051687

1. Corporation Name

LITTLE ROAD BAR-B-Q, INC.

Principal Place of Business

30503 U.S. HWY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

30503 U.S. HWY 19 NORTH
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

65-0844889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5130 LITTLE ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 8038 OLD C.R. 54

Suite, Apt. #, etc.

22 City & State

23 NEW PORT RICHEY, FL

Zip

24 34655

Country

27 City & State

28 NEW PORT RICHEY, FL

Zip

29 34653

Country

30

9. Name and Address of Current Registered Agent

LYNN, ELLIE EARL
30503 U.S. HWY 19 NORTH
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

LYNN, ELLIE EARL

82 Street Address (P.O. Box Number is Not Acceptable)

8038 OLD COUNTY ROAD 54

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34653

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LYNN, ELLIE EARL
STREET ADDRESS 30503 U.S. HWY 19 NORTH
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / DIRECTOR ☒ Change ☐ Addition

1.2 NAME LYNN, ELLIE EARL
1.3 STREET ADDRESS 4638 ANACONDA DR.
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

2.1 TITLE V.P. / DIRECTOR / SEC ☐ Change ☒ Addition

2.2 NAME LYNN, FRANCES I
2.3 STREET ADDRESS 4638 ANACONDA DR
2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ELLIE EARL LYNN

4/26/99 727-372-8945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)