


**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90002 024 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

DOCUMENT # P98000096182

1. Corporation Name

MR. &amp; MRS. BBQ, INC.

Principal Place of Business

1007 ALLMAN AVE  
LEHIGH ACRES FL 33971

Mailing Address

1007 ALLMAN AVE  
LEHIGH ACRES FL 33971

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

65-0873831

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 Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1000 LEE BLVD

Suite, Apt. #, etc.

22 SUITE 207

City &amp; State

23 LEHIGH ACRES, FL

Zip

24 33936

Country

25 LEE

2a. Mailing Address

26 1007 ALLMAN AVE

Suite, Apt. #, etc.

City &amp; State

27 LEHIGH ACRES, FL

Zip

28 33971

Country

29 LEE

9. Name and Address of Current Registered Agent

~~DEROUEN, SHELLEY A~~  
~~1950 COLONIAL BLVD~~  
~~FT MYERS FL 33907~~

BOWERS ACCOUNTING

10. Name and Address of New Registered Agent

81 Name BOWERS ACCOUNTING

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

205 E. JOEL BLVD #110

83

84 City LEHIGH ACRES

FL

85 Zip Code

33970-0159

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 PTD ☐ DELETENAME BENDER, GREGG  
STREET ADDRESS 1007 ALLMAN AVE  
CITY-STATE-ZIP LEHIGH ACRES FL 33971TITLE VSD ☐ DELETENAME BENDER, BARBARA  
STREET ADDRESS 1007 ALLMAN AVE  
CITY-STATE-ZIP LEHIGH ACRES FL 33971TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

941-461-0715

Date

Daytime Phone #

CR2E034 (11/98)