

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10077 (3)

1. Corporation Name

COOKIN' OUT BBQ GENERAL STORE, INC.

Principal Office of Corporation

1140 NORTH TAMiami TRAIL
NOKOMIS FL 34275

Mailing Address

1140 NORTH TAMiami TRAIL
NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
11/01/1990

3a. Date of Last Report
06/17/1994

2. Principal Office of Corporation

21

2b. Mailing Address

26

4. FEI Number
59-3038579

Applied For
Not Applicable

State, Apt. # or

State, Apt. # or

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

City

Zip

City

8. This corporation has liability for intangible tax under S. 190.02,
Florida Statutes

☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, DAVID A.
1140 N. TAMiami TRAIL
NOKOMIS FL 34275

81. Name

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

83.

84. City

FL

85. Zip Code

11. For agent to the provisions of Sections 607.06(2) and 607.15(8) 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 607.06(5) Florida Statutes.

SIGNATURE

Signature of Agent to be Registered Agent or Registered Agent

Signature of New Agent or Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME
KELLY, DAVID A.
2. STREET ADDRESS
2859 MIZZO WAY
3. CITY, STATE, ZIP
NAPLES FL

1. NAME
GARRETT, WILLIAM
2. STREET ADDRESS
40 W. CHESAPEAKE AVENUE
3. CITY, STATE, ZIP
TOWSON MD

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1) 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment with an addition.

SIGNATURE:

David A. Kelly

DAVID A KELLY

5-6-95

813-484-5026

PRINT NAME AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER