

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

FILED  
Jun 16 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **S10077** (3)  
1. Corporation Name  
**COOKIN' OUT BBQ GENERAL STORE, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>1140 NORTH TAMiami TRAIL<br/>NOKOMIS FL 34275</b> | Mailing Address<br><b>1140 NORTH TAMiami TRAIL<br/>NOKOMIS FL 34275-2158</b> |
|---|--|



|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>509 E. LAUREL RD</b><br>Suite, Apt. #, etc.<br>22 <b>P.O. BOX 1527</b><br>City & State<br>23 <b>NOKOMIS FL</b><br>Zip<br>24 <b>34275</b> | 2a. Mailing Address<br>26 <b>SAUE</b><br>Suite, Apt. #, etc.<br>27 <b>SAUE</b><br>City & State<br>28 <b>SAUE</b><br>Zip<br>29 <b>SAUE</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/01/1990</b>   | 3a. Date of Last Report<br><b>04/24/1996</b>           |
| 4. FEI Number<br><b>59-3038579</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**KELLY, DAVID A.  
509 E. LAUREL ROAD  
P.O. BOX 1527  
NOKOMIS FL 34275**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-installing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>D KELLY, DAVID A.</b>        |
| STREET ADDRESS             | <b>2859 MIZZEO WAY</b>          |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>D GARRETT, WILLIAM</b>       |
| STREET ADDRESS             | <b>40 W. CHESAPEAKE AVENUE</b>  |
| CITY-ST-ZIP                | <b>TOWSON MD</b>                |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)