

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 10:40

DOCUMENT # **S65280**

(7)

1. Corporation Name

WOODY'S BAR-B-Q X, INC.

Principal Place of Business

**% JAMES W. MILLS, JR.
1626 ATLANTIC UNIVERSITY CIRCLE
JACKSONVILLE FL 32207**

Mailing Address

**% JAMES W. MILLS, JR.
1626 ATLANTIC UNIVERSITY CIRCLE
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3089597

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**MILLS, JAMES W., JR.
1626 ATLANTIC UNIVERSITY CIRCLE
JACKSONVILLE FL 32207**

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 607.1506, 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: Type or printed name of registered agent and the corporation)

(Signature: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DP
MILLS, JAMES W JR.
8045 WHISPER LAKE LANE W
PONTE VEDRA BCH FL**

**STD
MILLS, YOLANDA H
8045 WHISPER LAKE LANE W
PONTE VEDRA BCH FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claim not qualify for the exemption stated in Sections 193.07(3)(a), 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 of this report, or on an attachment with an address.

SIGNATURE:

(Signature: Type or printed name of officer or director)

YOLANDA H. MILLS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

5/23/95 904-724-1976