

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S66826 (6)

1. Corporation Name
DUSTIN'S BAR-B-Q, INC.

Principal Place of Business Mailing Address
**1208 SO. RIDGEWOOD AVE. 1208 SO. RIDGEWOOD AVE.
EDGEWATER FL 32132 EDGEWATER FL 32132**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/17/1991** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3074483		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		29	
Zip		Country		Zip		Country	
24		29		30		30	

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**TOMLINSON, WINSTON
1208 SO. RIDGEWOOD AVE.
EDGEWATER FL 32132**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, WINSTON	12 NAME	
STREET ADDRESS	1208 SO. RIDGEWOOD AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	EDGEWATER FL	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITHEY, SHAWN	22 NAME	
STREET ADDRESS	1208 SO. RIDGEWOOD AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	EDGEWATER FL	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITHEY, TONI	32 NAME	
STREET ADDRESS	1208 SO. RIDGEWOOD AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	EDGEWATER FL	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLINSON, MARIAN	42 NAME	
STREET ADDRESS	1208 SO. RIDGEWOOD AVE.	43 STREET ADDRESS	
CITY - ST - ZIP	EDGEWATER FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Winston Tomlinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 (904) 423-5299
Date (Typed Name)