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

APPROVED AND FILED
95 APR 21 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S70983** **(9)**

1. Corporation Name
M & J BAR-B-Q SERVICES, INC.

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131-2900	1101 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131-2900

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1991
3a. Date of Last Report: 12/15/1994

2. Principal Place of Business
21: 7730 W Oakland Park Blvd
Suite, Apt. #, etc. 22:
City & State 23: Sunrise FL
Zip 24: 33351 County 25: USA

2a. Mailing Address
26: 2122 Second St
Suite, Apt. #, etc. 27:
City & State 28: Ft. Myers FL
Zip 29: 33901 Country 30: USA

4. FEI Number: 65-0275231 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

FROST, IRWIN M.
1101 BRICKELL AVENUE
SUITE 1400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Paul D Peden
82 Street Address (P.O. Box Number is Not Acceptable): 2122 Second St
83:
84 City: Ft. Myers FL 85 Zip Code: 33901

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: Paul D Peden Pres 3/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 1 TITLE	S TTD	☑ Change ☐ Addition
NAME	WIGGINS, B. MICHAEL	1 2 NAME	Wiggins, B Michael	
STREET ADDRESS	5190 LEITNER DR. EAST	1 3 STREET ADDRESS	5190 Leitner Dr. East	
CITY-ST-ZIP	CORAL SPRINGS FL	1 4 CITY-ST-ZIP	Coral Springs FL	
TITLE		2 1 TITLE	P/D	☑ Change ☐ Addition
NAME		2 2 NAME	Peden, Paul D	
STREET ADDRESS		2 3 STREET ADDRESS	2122 Second St	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	Ft Myers FL 33901	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 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 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: Paul D Peden 3/27/95 813-334-8634
SIGNATURE AND TYPED OR PRINTED NAME OF BIONIG OFFICER OR DIRECTOR Date Daytime Phone #

0000480 FP