FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S95217 (3) 1. Corporation Name **BILLY BOB'S BARBECUE COMPANY** Principal Place of Business Mailing Address 6403 N 9TH AVE. P. O. BOX10639 PENSAGOLA FL 32504 PENSACOLA FL 32524 3. Date Incorporated or Qualified 3a. Date of Last Report 11/18/1991 08/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 30 Elorida Statutos Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEBBINS, ARTHUR H. Street Address (P.O. Box Number is Not Acceptable) 82 5051 GRANDE DR. APT. E-3 83 PENSACOLA FL 32504 84 City 85 Zip Code FL 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this staten ent 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 abligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature in typical disperimentation of respect event specified in the interpolation (1901). Heg shood Agent signature required when reel scalings 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DEI ETE TITLE 1 1 TITLE Change Addit.on NAME STEBBINS, ARTHUR H 1.2 NAME 5051 GRANDE DR., APT. E-3 STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY - ST - ZIP 1 4 OITY - STI-ZIF TITLE TSD [] DELETE 2 1 TITLE Change Addition NAME STEBBINS, CAROLYN G 2.2 NAME 5051 GRANDE DR., APT. E-3 STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 24 CITY-ST Z.P TILE DELETE 3 1 TallE ☐ Change Addition ROLLINS, NORMAN D NAME 3.2 NAME 144 2ND AVE N #333 STREET ADDRESS 3.3 STREET ADDRESS NASHVILLE TN CITY - ST - ZIP 3.4 CHY - \$1 - 712 THE DELETE 4 1 TOLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIF TIT: 8 [DELE'E 5 1 THUE Change Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5.4 CiTY - ST - ZiF TiTLE DELETE 6 | Title ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1, ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further Too needly define information indicated on this armid is voluntarily numbered and does not quarry for the exemption stated in Section 119.07(d)(s), Honda Statutes 11umer certify that the information indicated on this armid report or supplemental armid 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

OFFICER OR DIRECTOR

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904-484-5480 and lost a to

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