

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

65 JUN -1 4 10:30

DOCUMENT # V00666

(0)

1. Corporation Name

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

Principal Place of Business

**1626 ATLANTIC UNIVERSITY CIR
JACKSONVILLE FL 32207**

Mailing Address

**1626 ATLANTIC UNIVERSITY CIR
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1991

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3097740

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 interstate tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

21

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DIVISION OF CORPORATIONS

DOCUMENT # V01028

(2)

1. Corporation Name

THE CREATIVE WAREHOUSE 2, INC.

Principal Place of Business

216 2ND STREET NORTH
ST. PETERSBURG FL 33701
US

Mailing Address

216 2ND STREET NORTH
ST. PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3121911

Applied For

Not Applicable

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8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 249 Corey Avenue

Suite, Apt. #, etc.

22

City & State

23 St. Pete Beach, FL

Zip

24 33706

Country

25 Pinellas

2a. Mailing Address

26 249 Corey Avenue

Suite, Apt. #, etc.

27

City & State

28 St. Pete Beach, FL

Zip

29 33706

Country

30 Pinellas

9. Name and Address of Current Registered Agent

TORTORIGI, DEBORAH L.
216 2ND STREET, NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

249 Corey Avenue

83

84 City

St. Pete Beach

FL

85

Zip Code

33706

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

Deborah L. Tortorigi

Deborah L. Tortorigi

5/30/95

(Signature, typed or printed name of registered agent and the corporation)

(Typed Name of Registered Agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
TORTORIGI, DEBORAH L.
216 2ND STREET NORTH
ST. PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(g), 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:

Deborah L. Tortorigi

Deborah L. Tortorigi

5/30/95

(813) 367-1400

(Signature, typed or printed name of signing officer or director)

(Date)

(Telephone Number)