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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90035 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V00666

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C.
4655 SALISBURY RD
SUITE 390
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

JAMES W. MILLS JR

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

7751 BELFORT PARKWAY

83

Suite 175

84 City

JACKSONVILLE

FL

85 Zip Code

32252

11. Pursuant to the provisions of Sections 607.0532 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 reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MILLS, JAMES W. JR.

STREET ADDRESS 8045 WHISPER LAKE LANE W

CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE STD ☐ DELETE

NAME MILLS, YOLANDA H.

STREET ADDRESS 8045 WHISPER LAKE LANE W

CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 203 N. ROSCOE BLVD.

1.4 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 100 KINGFISHER DR.

2.4 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement if 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES W. MILLS JR. 4-26-99 904-296-6940

CR2E034 (11/98)