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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATÉ

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # <b>V42422</b>					
1. Corporation	Name				
HUGERT	s real pit bar-b-que, in	C. NO. 3		I INDE ALEMA NICH NEUL BIRER LICLE HOL BIRE	A(A)) 41814 B1814 B1811 S1811 1881
Principal Place of Business Mailing Address					B}BIS BIBSI QIQII BSBIS BIBSI IBBI
1834 N BELCHER RD 12150 SEMINOLE BLVD.					
CLEARWATER FL 34625 LARGO FL 33778				DO NOT WRITE IN THIS	e edace
us		U\$		3. Date Incorporated or Qualifed	3 SPACE
				06/09/1992	,
2 Principal Pl	ace of Business	2a. Mailing Address •	·	4. FEI Number	Applied For
21	200 0. 205000	26		59-3131400	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75`Additional
22		27		3. Controlle of Otalias Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23	0	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 3	Country	<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>	ntangible ☑Yes □No
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered	
81 Name					
MATHEWS, ROGER W JR.  82 Street Addr				ress (P.O. Box Number is Not Acceptable)	
12150 SEMINULE BLVD			GZ Street Addi	1035 (1.0. Dox Hamber is Not Acceptable)	
LARGO FL 33778			83		İ
			84 City		85 Zip Code
			1.1	FI.	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the alphye-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 his 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 of the corporation submits this statement for the purpose of changing its registered office or registered agent. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida statutes of the corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with a state of Florida. Such change was authorized by his corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a state of Florida.					
agent. I a	m familiar with and accept the obliga	Mas of, Section 607.0505, Florid	ia statutos	7/1/09	
SIGNATURE	Signature, typed or of this diname of registered ager	nt and title if applicable. (NOTE: R	egigkijrgd Agent signature require	of when burstaling) DATE	
12.		ID DIRECTORS		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	□ DELETE (	1.1 TITLE		☐ Change ☐ Addition
NAME	MATHEWS, ROGER W. JR.		1.2 NAME		
STREET ADDRESS	13049 103RD AVENUE N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		1.4 CITY-ST-ZIP		
TITLE	DVST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MATHEWS, JACKIE F.		2.2 NAME		
STREET ADDRESS	13049 103RD AVENUE N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774	Dorugte	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change . ☐ Addition
NAME ,	i.;		6.2 NAME	,	
			6.3 STREET ADDRESS		

6.4 CITY- ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 control 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 chapted, or on an adachment with an address, with all other like empowered.

SIGNATURE