

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

FILED

Jan 21 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # V67215 (6)  
1. Corporation Name  
FAT FRED'S FAMOUS BAR-B-Q, INC.



|                                                                                             |                                                                                   |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br>6482 TANGLEWOOD DRIVE<br>NE<br>ST. PETERSBURG FL 33702<br>US | Mailing Address<br>6482 TANGLEWOOD DRIVE NE<br>ST. PETERSBURG FL 33702-4744<br>US |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                                                                                   |                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 734 SE US HWY 19<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 CRYSTAL RIVER FL<br>Zip<br>24 34429<br>Country<br>25 USA | 2a. Mailing Address<br>26 734 SE US HWY 19<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 CRYSTAL RIVER FL<br>Zip<br>29 34429<br>Country<br>30 USA |
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|                                                                                                                                                        |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>09/29/1992                                                                                                        | 3a. Date of Last Report<br>05/01/1996 |
| 4. FEI Number<br>59-3143924                                                                                                                            | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                           | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                  | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                                                                                                       |  |                                                                                                                                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>FLEMING, FRED<br>6482 TANGLEWOOD DRIVE<br>ST. PETERSBURG FL 33702<br>734 SE US HWY 19<br>CRYSTAL RIVER<br>FL 34429 |  | 10. Name and Address of New Registered Agent<br>81 Name<br>FLEMING, FRED<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>734 SE US HWY 19<br>83<br>84 City<br>CRYSTAL RIVER FL<br>85 Zip Code<br>34429 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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

Signature of person submitting and filing this statement (NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | DP <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FLEMING, FREDERICK A                | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 6482 TANGLEWOOD DR. NE              | 1.3 STREET ADDRESS                                    | 734 SE US HWY 19                                                             |
| CITY - ST - ZIP            | ST. PETERSBURG FL                   | 1.4 CITY - ST - ZIP                                   | CRYSTAL RIVER FL 34429                                                       |
| TITLE                      | DST <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | NEWMAN, DOROTHY J                   | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 6482 TANGLEWOOD DR. NE              | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | ST. PETERSBURG FL                   | 2.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | GM <input type="checkbox"/> DELETE  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BRIAN PRESS                         | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 734 SE US HWY 19                    | 3.3 STREET ADDRESS                                    | 734 SE US HWY 19                                                             |
| CITY - ST - ZIP            | CRYSTAL RIVER FL 34429              | 3.4 CITY - ST - ZIP                                   | CRYSTAL RIVER FL 34429                                                       |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                     | 4.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                     | 5.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0373109

CR2E034 (9/96)