

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

FILED
Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V67215 1. Corporation Name Fat Fred's Famous Bar-B-Q, Inc.	
Principal Place of Business 734 SE US Hwy 19 Crystal River, FL 34429	Mailing Address 6482 Tanglewood Dr. NE St. Petersburg, FL 33702

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified Sept. 29, 1992	3a. Date of Last Report 1/12/97
4. FEI Number 59-3143924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Fred Fleming 734 SE US Hwy 19 Crystal River, FL 34429	
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10. Name and Address of New Registered Agent 81 Name Dorothy J. Newman 82 Street Address (P.O. Box Number is Not Acceptable) 734 SE US Hwy 19 83 84 City Crystal River FL 85 Zip Code 34429	
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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 607.0502, Florida Statutes.

SIGNATURE: *Dorothy J. Newman* (NOTE: Registered Agent signature required when reinstating) DATE: **2/11/97**

12. OFFICERS AND DIRECTORS	
1.1 TITLE S/T/D <input type="checkbox"/> DELETE	1.2 NAME Dorothy J. Newman
1.3 STREET ADDRESS 6482 Tanglewood Drive, NE	1.4 CITY-ST-ZIP St. Petersburg, FL 33702
2.1 TITLE P/D <input checked="" type="checkbox"/> DELETE	2.2 NAME Frederick A. Fleming
2.3 STREET ADDRESS 6482 Tanglewood Drive, NE	2.4 CITY-ST-ZIP St. Petersburg, FL 33702
3.1 TITLE <input type="checkbox"/> DELETE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> DELETE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> DELETE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> DELETE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/S/T/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME Dorothy J. Newman
1.3 STREET ADDRESS 6482 Tanglewood Drive, NE	1.4 CITY-ST-ZIP St. Petersburg, FL 33702
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(i), Florida Statutes. I further certify that the information contained 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy J. Newman* DATE: **2/11/97** DAYTIME PHONE: **352 574-3688**

CR2E034 (9/96)