

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000028764

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC6075108935**

**Entity Name:** GOODMAN'S BAR-B-QUE OF PERRY, INC.

**Current Principal Place of Business:**

2429 S. BYRON BUTLER PKWY  
PERRY, FL 32348

**Current Mailing Address:**

2429 S. BYRON BUTLER PKWY  
PERRY, FL 32348 US

**FEI Number: 59-3511417**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHESTER, SANDY G  
2429 S BYRON BUTLER PKWY  
PERRY, FL 32348 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CHESTER, SANDY G  
Address 2429 S. BYRON BUTLER PKWY  
City-State-Zip: PERRY FL 32348

Title VSTD  
Name CHESTER, ROBERT F  
Address 2429 S. BYRON BUTLER PKWY  
City-State-Zip: PERRY FL 32348

Title OF  
Name CHESTER, SANDY G  
Address 2429 S. BYRON BUTLER PKWY  
City-State-Zip: PERRY FL 32348

Title OF  
Name CHESTER, SANDY G  
Address 2429 S. BYRON BUTLER PKWY  
City-State-Zip: PERRY FL 32348

Title OF  
Name CHESTER, SANDY G  
Address 2429 S. BYRON BUTLER PKWY  
City-State-Zip: PERRY FL 32348

Title OF  
Name CHESTER, SANDY G  
Address 2429 S. BYRON BUTLER PKWY  
City-State-Zip: PERRY FL 32348

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SANDY CHESTER**

**PRESIDENT**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date