FILED

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90015 019 ***550.00

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

Mailing Address

ATTN: LAW DEPT

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 365060

1. Corporation Name

Principal Place of Business

9111 E. DOUGLAS AVE.

SEMORAN PIZZA HUTS, INC.

| WICHITA KS 67201 US | | WICHITA KS 67278-3186 | | | DO NOT WRITE IN THIS SPACE | | |
|---|---|-----------------------------------|-------------------------|-----------------------|---|------------------|-------------------|
| | | US | | | Date Incorporated or Qualifed 06/03/1970 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Apr | plied For |
| 21 14841 Dallas Parkway 26 14841 Dallas | | | Park | way | 59-1654194 | Nof | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | _ | \$8.75 A | Additional |
| 22 | | 27 | | | 5. Certifcate of Status Desired | Fee Re | quired |
| City & State | e | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| _ ′ | s, Texas | 28 Dallas, Texas | 2534 | . 1.550 | Trust Fund Contribution | Added to | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year | Intangible | |
| | 0-2100 ₂₅ US | 75240-2100 3 | US | | Personal Property Tax. | ∐ Yes ∑ | ONIXIX |
| 241 | 9. Name and Address of Curre | | | | 10. Name and Address of New Register | ed Agent | |
| | | | 81 | Name | | | |
| CT C | ORPORATION SYSTEM | | _ | | (0.0 | | |
| 1200 | S. PINE ISLAND ROAD | | 82 | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | |
| | ITATION FL 33324 | | 83 | - | · · · · · · · · · · · · · · · · · · · | | |
| | | | | _ | | | |
| | | | 84 | City | F | . 85 Zip C | Code |
| | | | | L | - | | rogistored |
| office or re | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | e of Florida. Such change was aut | horized by | the corporation | ration submits this statement for the purpose n's board of directors. I hereby accept the ap | pointment as rec | gistered |
| SIGNATURE | | | | | when reinstating) DATE | | |
| | Signature, typed or printed name of registered age | | | nt signature required | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| 12. | | ND DIRECTORS X DELETE | 13. | Dma | | XIX Change | Addition |
| TITLE | PTD | (X) DELETE | 1.1 TITLE | I | sident/Director | AIA) change | |
| NAME | ROLL, TERESA J. | | 1.2 NAME | 1 | an H. Cole | | |
| STREET ADDRESS | 9111 E. DOUGLAS AVE. | | 1.3 STREE | | 41 Dallas Parkway | | |
| CITY-ST-ZIP | WICHITA KS | | 1.4 CITY-S | T-ZIP Da1 | las, Texas 75240-2100 | 3777 O | |
| TITLE | VSD | | 2.1 TITLE | | ce President/Secretary/ rector | XIX) Change | ☐ Addition |
| NAME | COLE, BRIAN H | | 2.2 NAME | Me | lanie K. Morgan | | |
| STREET ADDRESS | 9111 E. DOUGLAS AVE. | | 2.3 STREE | | 841 Dallas Parkway | | |
| CITY-ST-ZIP | WIÇHITA KS | | 2.4 CITY-S | | llas, Texas 75240-2100 | | |
| TITLE | <u> </u> | ☐ DELETE | 31 TITLE | Vic | e President/Treasurer | Change | X Addition |
| NAME | | | 3.2 NAME | | W. Horn | | |
| STREET ADDRESS | | | 3.3 STREE | ADDRESS 148 | 41 Dallas Parkway | | |
| CITY-ST-ZIP | | | 3.4. CITY- S | L | las, Texas 75240-2100 | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 4.2 NAME | Į | | | |
| STREET ADDRESS | | | | TADDRESS | | | |
| | | | 4.5 STY-S | | | | |
| CITY-ST-ZIP | , | DELETE | 5.1 TITLE | 1-71L | | Change | Addition |
| TITLE | | - PECEL | 5.1 IIILE 5.2 NAME | | | | |
| NAME | | | | r ADDRESS | | | |
| STREET ADORESS | | | 1 | i i | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S 6.1 TITLE | 1-211 | | Change | ☐ Addition |
| TITLE | | ☐ DELETE | | | | ☐ Criange | |
| NAME | | | 6.2 NAME | 1 | | | |
| STREET ADDRESS | | | 63STREE | ADDRESS | | | |

64 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 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 attack ment with an orders, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PR

Brian H. Cole, 6/1/99

972/338-7879

Daytime Phone #