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Mar 04 1996 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H63605** (0)
1. Corporation Name
HABJAN'S PIZZA, INCORPORATED

Principal Place of Business Mailing Address
% NANCY M. HABJAN **% NANCY M. HABJAN**
10953 SEMINOLE BLVD. **10953 SEMINOLE BLVD.**
SEMINOLE FL 34648 **SEMINOLE FL 34648**

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

3. Date Incorporated or Qualified 3a. Date of Last Report
07/01/1985 **03/02/1995**
4. FEI Number Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HABJAN, NANCY M. 81 Name
10953 SEMINOLE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)
SEMINOLE FL 34648 83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME **PD** 1.2 NAME
STREET ADDRESS **HABJAN, FRANK L.** 1.3 STREET ADDRESS
CITY-ST-ZIP **10953 SEMINOLE BLVD.** 1.4 CITY-ST-ZIP
SEMINOLE FL
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME **STD** 2.2 NAME
STREET ADDRESS **HABJAN, NANCY M.** 2.3 STREET ADDRESS
CITY-ST-ZIP **10953 SEMINOLE BLVD.** 2.4 CITY-ST-ZIP
SEMINOLE FL
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME **VD** 3.2 NAME
STREET ADDRESS **HABJAN, DOUGLAS J.** 3.3 STREET ADDRESS
CITY-ST-ZIP **10953 SEMINOLE BOULEVARD** 3.4 CITY-ST-ZIP
SEMINOLE FL
TITLE ☐ DELETE 4.1 TITLE ☐ 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 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Nancy M. Habjan** 2-20-96 813-391-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #