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

PROFIT CORPORATION 'ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000085684

SHROOMER'S PIZZA, INC.

FILED Jan 20, 1999 8:00am Secretary of State

01-20-1999 90002 043 ***150.00



Principal Place of Business Mailing Address 614 E. INTERNATIONAL SPEEWAY BLVD. 614 E. INTERNATIONAL SPEEWAY BLVD. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/21/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3335127 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 30 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MANOULAIN, DAVID C 82 Street Address (P.O. Box Number is Not Acceptable) 614 E. INTERNATIONAL SPEEWAY BLVD. DAYTONA BEACH FL 32118 83 84 City 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 OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE ☐ Change 1.1 T/TLE NAME MANOULIAN, DAVID C 1.2 NAME 614 E. INTERNATIONAL SPEEWAY BLVD. STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32118 CITY+ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE Change ☐ Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE Change [Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this (iling 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 out the corporation or the relevier or must be 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENDADID C. MANOULIAN 1-4-99 904-258-790

Daytime Phone

CR2E034 (11/98)