

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 15 AM 9:17

**DOCUMENT # S47414 (5)**

1. Corporation Name  
**ORANGE LAKE PIZZA, INC.**

Principal Place of Business Mailing Address  
**4246 W HWY 318 CITRA FL 32113** **4246 W HWY 318 CITRA FL 32113**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 18501 W. Hwy 441		26 P.O. Box 526		04/18/1991	07/25/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3064173	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Orange Lake, Fl.		28 Orange Lake, Fl.		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32681		25 MARION		6. Election Campaign Financing Trust Fund Contribution	
29 32681		30 MARION		<input type="checkbox"/>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAY, CHARLES WAYNE 4246 W HWY 318 CITRA FL 32113				B1 Name	Walter A. Piper		
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3	100 N.W. 73 Ave.		
				B4 City	Ocala	FL	B5 Zip Code 32544

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 Walter A. Piper (P.) *[Signature]* 10-10-94

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P, V, T, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	1.2 NAME	Walter A. Piper
STREET ADDRESS	4246 W HWY 318	1.3 STREET ADDRESS	100 N.W. 73 Ave.
CITY ST ZIP	CITRA FL	1.4 CITY ST ZIP	Ocala, Fl. 32544
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, BETTY J.	2.2 NAME	
STREET ADDRESS	4246 W HWY 318	2.3 STREET ADDRESS	
CITY ST ZIP	CITRA FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Walter A. Piper *[Signature]* 6-15-95

CR2E034 (3/95)