

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Marjohn Enterprises Inc.

1. Corporation Name

~~Dine's Pizzeria~~

4100 E Bay Drive
Clearwater, FL 34624

700001488417
-05/16/95--01040--014
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

2. Principal Place of Business

21 Marjohn Enterprises

2a. Mailing Address

26 Marjohn Enterprises

Suite, Apt. #, etc.

22 4100 E Bay Drive

Suite, Apt. #, etc.

27 4100 E Bay Drive

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 34624

Country

Zip

29 34624

Country

30

3. Date Incorporated or Qualified

1-1-92

3a. Date of Last Report

1

4. FEI Number

59-3098210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHN S. ROSICA
4100 EAST BAY DR. A-4
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

John S. Rosica

12. Registered Agent Signature (Required for all registered agents)

Date

12. OFFICERS AND DIRECTORS

TITLE President
NAME John S. Rosica
STREET ADDRESS 2362 Mangrun Drive
CITY-ST-ZIP Dunedin, FL 34698

TITLE Treasurer
NAME Shawn Johnson
STREET ADDRESS 601 East Rosery Rd. - Apt #1201
CITY-ST-ZIP Clearwater, FL 34640

TITLE Clerk
NAME John S. Rosica
STREET ADDRESS 2362 Mangrun Drive
CITY-ST-ZIP Dunedin, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4100 E. BAY DR. A-4
CLEARWATER FL 34624

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4100 E. BAY DR. A-4
CLEARWATER FL 34624

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4100 E. BAY DR. A-4
CLEARWATER FL 34624

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PA 5/12

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:

John S. Rosica

JOHN ROSICA 4-24-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #