

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

06506

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90001 049 ***550.00

DOCUMENT # 354177

1. Corporation Name

PIZZA HUT OF TITUSVILLE, INC.

Principal Place of Business

9111 E DOUGLAS AVE.
WICHITA KS 67207-8205

Mailing Address

ATTN: LAW DEPT
PO BOX 783186
WICHITA KS 37278-3186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1969

4. FEI Number

59-1282561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 14841 Dallas Parkway

Suite, Apt. #, etc.

22

City & State

23 Dallas, Texas

Zip

Country

24 75240-2100

25 US

2a. Mailing Address

26 14841 Dallas Parkway

Suite, Apt. #, etc.

27

City & State

28 Dallas, Texas

Zip

Country

29 75240-2100

30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	COLE, BRIAN H	
STREET ADDRESS	9111 E DOUGLAS AVE.	
CITY-ST-ZIP	WICHITA KS	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	ROLL, TERESA J.	
STREET ADDRESS	9111 E DOUGLAS AVE.	
CITY-ST-ZIP	WICHITA KS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brian H Cole	
1.3 STREET ADDRESS	14841 Dallas Parkway	
1.4 CITY-ST-ZIP	Dallas, Texas 75240-2100	
2.1 TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Melanie K. Morgan	
2.3 STREET ADDRESS	14841 Dallas Parkway	
2.4 CITY-ST-ZIP	Dallas, Texas 75240-2100	
3.1 TITLE	Vice President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ida W. Horn	
3.3 STREET ADDRESS	14841 Dallas Parkway	
3.4 CITY-ST-ZIP	Dallas, Texas 75240-2100	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

Brian H. Cole, 6/1/99

972/338-7879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)