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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTME

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Secretary of S DIVISION OF CORPO

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TONY AND PAT'S PIZZA AND SUBS, INC.

Principal Place of Business Mai

Mailing Address

## FILED Jan 20 1998 8:00am Secretary of State



3419 S.W. ARCHER ROAD 3419 S.W. ARCHER ROAD GAINESVILLE FL 32608 GAINESVILLE FL 32608 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1961977 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOVKACH, WALTER M. 527 EAST UNIVERSITY AVENUE Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32601 83 84 City 85 Zip Code FL 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE BULATEWICZ, ANTHONY J NAME 12 NAME 3419 SW ARCHER ROAD STREET ADDRESS 13 STREET ADDRESS **GAINESVILLE FL** 1.4 City - ST- ZiP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET AODRESS CITY-ST-ZIP 5.4 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 filling 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.

SIGNATURE:

MITATURE BEDWIED

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