

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F93000005425**

1. Corporation Name

SPOONERS SNAPPY TOMATO PIZZA COMPANY

Principal Place of Business

**2510 SE 17TH ST
SUITE C
OCALA FL 31051
US**

Mailing Address

**P O BOX 336
FLORENCE KY 41022-0336
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

11/30/1993

4. FEI Number

61-1235336

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	Secretary
NAME	DETERS, CHARLES H	1.2 NAME	Jeremy Deters
STREET ADDRESS	333 GREEN ROAD	1.3 STREET ADDRESS	7230 Turfway Road
CITY-ST-ZIP	WALTON KY 41094	1.4 CITY-ST-ZIP	Florence KY 41042
TITLE	VC	2.1 TITLE	Treasurer
NAME	FIELDS, BRIAN	2.2 NAME	Nathan Deters
STREET ADDRESS	10788 GLEN EAGLE DRIVE	2.3 STREET ADDRESS	7230 Turfway Road
CITY-ST-ZIP	UNION KY 41091	2.4 CITY-ST-ZIP	Florence KY 41042
TITLE	STD	3.1 TITLE	D
NAME	DETERS, ERIC	3.2 NAME	Dave Meenach
STREET ADDRESS	12029 SOUTHRIDGE DRIVE	3.3 STREET ADDRESS	7230 Turfway Road
CITY-ST-ZIP	WALTON KY 41094	3.4 CITY-ST-ZIP	Florence KY 41042
TITLE	PD	4.1 TITLE	D
NAME	REISS, FRED	4.2 NAME	Brian Fields
STREET ADDRESS	7230 TURFWAY RD	4.3 STREET ADDRESS	7230 Turfway Road
CITY-ST-ZIP	FLORENCE KY	4.4 CITY-ST-ZIP	Florence KY 41042
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Eric Deters
STREET ADDRESS		5.3 STREET ADDRESS	12029 Southridge Dr
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Walton KY 41094
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90055 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)