

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H11945 (3)

1. Corporation Name
SUNDANCE PIZZA COMPANY



Principal Place of Business

6601 N. DAVIS HIGHWAY
SUITE 7
PENSACOLA FL 32504
US

Mailing Address

WILLIAM E. FARABAUGH
~~1102 CANDLEWOOD COURT~~ 8867 BURNING
PENSACOLA FL 32514-7468 Tree Rd
US PENSACOLA FL 32514

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 8867 BURNING-TREE Rd
Suite, Apt. #, etc.

27 City & State

28 PENSACOLA FL

29 Zip

32514

30 Country

ESCAMBIA

3. Date Incorporated or Qualified
07/12/1984

3a. Date of Last Report
01/23/1996

4. FEI Number

59-2442626

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

FARABAUGH, WILLIAM E.
~~1102 CANDLEWOOD COURT~~ 8867 BURNING
PENSACOLA FL 32514 Tree Rd
PENSACOLA FL 32514

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 fiscal agent

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FARABAUGH, WILLIAM E.	
STREET ADDRESS	1102 CANDLEWOOD COURT	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	FARABAUGH, DOROTHY	
STREET ADDRESS	1102 CANDLEWOOD COURT	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FARABAUGH, EARL	
STREET ADDRESS	1102 CANDLEWOOD COURT	
CITY - ST - ZIP	PENSACOLA FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8867 BURNING TREE Rd.
1.4 CITY - ST - ZIP	PENSACOLA FL 32514
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8867 BURNING Tree Rd.
2.4 CITY - ST - ZIP	PENSACOLA FL 32514
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8867 BURNING Tree Rd
3.4 CITY - ST - ZIP	PENSACOLA FL 32514
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 do 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 included 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: *Dorothy M Farabaugh* DOROTHY M FARABAUGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 904 479 3408
Date Daytime Phone #

CR2E034 (9/96)