

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 22 1996 8:00 am  
Secretary of State

DOCUMENT # **H15469** (0)

1. Corporation Name  
**H.H. PIZZA, INC.**



Principal Place of Business: **26024 US HIGHWAY 19 NORTH CLEARWATER FL 34623 US**  
Mailing Address: **26024 US HIGHWAY 19 NORTH CLEARWATER FL 34623 US**

3. Date Incorporated or Qualified: **08/01/1984**  
3a. Date of Last Report: **02/23/1995**  
4. FEI Number: **59-2504777**  
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

2. Principal Place of Business: 21 Site, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Site, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEAR, ROBERT L.  
2600 MCCORMICK DRIVE  
PRESTIGE PLACE, STE. 230  
CLEARWATER FL 34619**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Full Name of Registered Agent (print name and title) Full Name of Agent (print name and title) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11.1 TITLE	DP	<input type="checkbox"/> DELETE	11.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11.2 NAME	HEARN, JAMES R.		11.2 NAME		
11.3 STREET ADDRESS	136 LAKE SHORE DR. NO.		11.3 STREET ADDRESS	2829 Cobblestone Drive	
11.4 CITY-STATE-ZIP	PALM HARBOR FL		11.4 CITY-STATE-ZIP	Palm Harbor, FL. 34684-1655	
11.5 TITLE		<input type="checkbox"/> DELETE	11.5 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11.6 NAME			11.6 NAME		
11.7 STREET ADDRESS			11.7 STREET ADDRESS		
11.8 CITY-STATE-ZIP			11.8 CITY-STATE-ZIP		
11.9 TITLE		<input type="checkbox"/> DELETE	11.9 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11.10 NAME			11.10 NAME		
11.11 STREET ADDRESS			11.11 STREET ADDRESS		
11.12 CITY-STATE-ZIP			11.12 CITY-STATE-ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE	11.13 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11.14 NAME			11.14 NAME		
11.15 STREET ADDRESS			11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP			11.16 CITY-STATE-ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE	11.17 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11.18 NAME			11.18 NAME		
11.19 STREET ADDRESS			11.19 STREET ADDRESS		
11.20 CITY-STATE-ZIP			11.20 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing is accurately furnished and I do 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. I am an officer or director of the corporation, its officer 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 amendment, with an address.

SIGNATURE: James R. Hearn 01/28/1996 813-797-7511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)