

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90077 040 \*\*\*150.00

**DOCUMENT # H42974**

1. Corporation Name

**SERGEANT PEPPERONI, INC.**

Principal Place of Business

5427 ALBERT DRIVE  
WINTER PARK FL 32792  
US

Mailing Address

C/O PORTER, WRIGHT, MORRIS & ARTHUR  
4501 TAMiami TRAIL N STE 400  
NAPLES FL 33940  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5801 PELICAN BAY BLVD.

22 City & State

27 SUITE 300

23 Zip

Country

28 NAPLES, FL

24 Zip

Country

29 34108-2709 30 USA

9. Name and Address of Current Registered Agent

WILSON, GARY K.  
4501 TAMiami TRAIL N.  
SUITE 400  
NAPLES FL 33940

3. Date Incorporated or Qualified

02/12/1985

4. FEI Number

59-2519785

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

WILSON, GARY K.

82 Street Address (P.O. Box Number is Not Acceptable)

5801 PELICAN BAY BLVD.

83

SUITE 300

84 City

NAPLES

FL

85 Zip Code

34108-2709

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 ☐ DELETE

NAME  
DPT  
GILBERT, DAVID  
STREET ADDRESS  
5427 ALBERT DRIVE  
CITY-ST-ZIP  
WINTER PARK FL 32792

TITLE ☐ DELETE

NAME  
VSD  
JOHNSON, STEPHEN  
STREET ADDRESS  
5427 ALBERT DRIVE  
CITY-ST-ZIP  
WINTER PARK FL 32792

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**DAVID P. GILBERT, President**

3/22/99

Date

407) 673-4208

Daytime Phone #

CR2E034 (11/98)