

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

FILED  
May 13 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 # H74077 (9)

1. Corporation Name  
PIZZA HOTLINE, INC.



Principal Place of Business  
1009 S. ROME AVE.  
TAMPA FL 33606

Mailing Address  
1009 S. ROME AVE.  
TAMPA FL 33606-3034

3. Date Incorporated or Qualified  
09/03/1985

3a. Date of Last Report  
06/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number  
59-2571330

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

O'NEAL, MARY S.  
1009 S. ROME AVE.  
TAMPA FL 33606

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: *Mary S. O'Neal* DATE: *Apr 30, 1997*

12. OFFICERS AND DIRECTORS

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | V                     | <input type="checkbox"/> DELETE |
| NAME            | O'NEAL, PATRICK W.    |                                 |
| STREET ADDRESS  | 1009 S. ROME AVE.     |                                 |
| CITY - ST - ZIP | TAMPA FL              |                                 |
| TITLE           | P                     | <input type="checkbox"/> DELETE |
| NAME            | O'NEAL, MARY S.       |                                 |
| STREET ADDRESS  | 1009 S. ROME AVE.     |                                 |
| CITY - ST - ZIP | TAMPA FL              |                                 |
| TITLE           | ST                    | <input type="checkbox"/> DELETE |
| NAME            | O'NEAL, TIMOTHY       |                                 |
| STREET ADDRESS  | 1009 S ROME AVE.      |                                 |
| CITY - ST - ZIP | TAMPA FL              |                                 |
| TITLE           | Secretary             | <input type="checkbox"/> DELETE |
| NAME            | O'NEAL, MARY MARGARET |                                 |
| STREET ADDRESS  | 1009 S. ROME AVE.     |                                 |
| CITY - ST - ZIP | TAMPA, FL 33606       |                                 |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 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 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: *Mary S. O'Neal* DATE: *4/30/97* DAYTIME PHONE: *813-251-0200*

CR2E034 (9/96)