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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # H74077

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



DO NOT WRITE IN THIS SPACE

after Apr. 1, 1999

21 Principal Place of Business
1319 S. Howard Ave.

2a. Mailing Address
same

22 Suite, Apt. #, etc.
Tampa, FL

27 Suite, Apt. #, etc.

23 City & State
33606 Hillsborough

28 City & State

24 Zip
33606

29 Country

30 Country

3. Date Incorporated or Qualified
09/03/1985

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 owes the current year Intangible Personal Property Tax. 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

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 V DELETE
NAME O'NEAL, PATRICK W.
STREET ADDRESS 1009 S. ROME AVE.
CITY-ST-ZIP TAMPA FL

TITLE P DELETE
NAME O'NEAL, MARY S.
STREET ADDRESS 1009 S. ROME AVE.
CITY-ST-ZIP TAMPA FL

TITLE T DELETE
NAME O'NEAL, TIMOTHY
STREET ADDRESS 1009 S ROME AVE.
CITY-ST-ZIP TAMPA FL

TITLE S DELETE
NAME O'NEAL MARY MARGARET
STREET ADDRESS 1009 S ROME AVE
CITY-ST-ZIP TAMPA FL

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:

Mary S. O'Neal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 *813-251-0320*
Date Daytime Phone #

CR2E034 (1/98)