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Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **H89399**

(0)

1. Corporation Name

TOM & MONY'S PIT BEEF, INC.

Principal Place of Business

**4757 S ORANGE AVE
4757 S PRAMOE AVE
ORLANDO FL 32808
US**

Mailing Address

**% MAUREEN CHIODI
4757 SO ORANGE AVE
ORLANDO FL 32808
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1985

4. FEI Number

59-2619766

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24. Zip

Country

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**CHIODI, MAUREEN
14532 HENSON RD
ORLANDO FL 32832**

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 ☐ DELETE

NAME **PD**

STREET ADDRESS **JAMISON, THOMAS L.**

CITY-ST-ZIP **7119 KEEL CT**

ORLANDO FL

TITLE ☐ DELETE

NAME **YSD**

STREET ADDRESS **CHIODI, MAUREEN**

CITY-ST-ZIP **14532 HENSON RD**

ORLANDO FL

TITLE ☒ DELETE

NAME **VD**

STREET ADDRESS **MCDONALD, III, WILLIAM E**

CITY-ST-ZIP **1089 S. MIWASSEE RD.**

ORLANDO FL

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

14628 AUGUSTINE RD.

1.4 CITY-ST-ZIP

ORLANDO, FL 32832

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

Maureen Chiodi
MAUREEN CHIODI

3-17-99

407-855-4000

CR2E034 (10/97)