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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:56

DOCUMENT # **H99992** **(0)**

1. Corporation Name
GJ'S PIZZA & SUBS, INC.

Principal Place of Business	Mailing Address
% GARY SHUPIERY 14418 N 7TH ST DADE CITY FL 33525 US	14418 N 7TH ST 426 NORTH SEVENTH STREET DADE CITY FL 33525 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1986
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21 14418 N. 7TH ST
22 Suite, Apt. #, etc
23 City & State: DADE CITY FL
24 Zip: 33525 25 Country: US

2a. Mailing Address
26 14418 N. 7TH ST
27 Suite, Apt. #, etc
28 City & State: DADE CITY, FL
29 Zip: 33525 30 Country: US

4. FEI Number: 59-2721844 ☐ 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

SHUPIERY, GARY
426 NORTH SEVENTH STREET
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name: WILLIE L. TRIPLETT
82 Street Address (P.O. Box Number is Not Acceptable): 37551 FARR RD.
83
84 City: DADE CITY FL 85 Zip Code: 33525

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: WILLIE L. TRIPLETT, PRES. Willie L. Triplett 1-10-95
(Registered Agent signature required if changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P,D ☑ Change ☐ Addition
NAME	SHUPIERY, GARY	12 NAME	TRIPLETT, WILLIE L.
STREET ADDRESS	426 N 7TH STREET	13 STREET ADDRESS	37551 FARR RD
CITY ST ZIP	DADE CITY FL	14 CITY ST ZIP	DADE CITY, FL. 33525
TITLE	V	21 TITLE	T,S,D ☑ Change ☐ Addition
NAME	SHUPIERY, ROSE	22 NAME	TRIPLETT, BEVERLY J.
STREET ADDRESS	426 N 7TH ST	23 STREET ADDRESS	37551 FARR RD.
CITY ST ZIP	DADE CITY FL	24 CITY ST ZIP	DADE CITY, FL. 33525
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. To the best of my knowledge, the information contained herein is complete and accurate. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: BEVERLY TRIPLETT Beverly Triplett 1-10-95 904-567-9424
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0200200 CP