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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H99992 (0)

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

Principal Place of Business

14418 N. 7TH ST
DADE CITY FL 33525
US

Mailing Address

14418 N. 7TH ST
DADE CITY FL 33523-3108
US



2. Principal Place of Business

21 14418 7TH ST
Suite, Apt. #, etc.

22 City & State

23 DADE CITY, FL
Zip Country

24 33523 25 US

2a. Mailing Address

26 14418 7TH ST
Suite, Apt. #, etc.

27 City & State

28 DADE CITY, FL
Zip Country

29 33523-3108 30 US

3. Date Incorporated or Qualified
02/18/1986

3a. Date of Last Report
04/08/1996

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

TRIPLETT, WILLIE L
37551 FARR RD
DADE CITY FL 33525

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME TRIPLETT, WILLIE L
STREET ADDRESS 37551 FARR RD
CITY-ST-ZIP DADE CITY FL

TITLE TSD ☐ DELETE
NAME TRIPLETT, BEVERLY J
STREET ADDRESS 37551 FARR RD
CITY-ST-ZIP DADE CITY FL

TITLE V ☐ DELETE
NAME WEDDINGTON, DESIREE
STREET ADDRESS 37212 OAK CT
CITY-ST-ZIP DADE CITY 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
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 8021 IRENE ST.
3.4 CITY-ST-ZIP ZEPHYRHILLS, FL. 33540

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 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: Beverly Triplett BEVERLY TRIPLETT

4-2-97

352-567-9424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)