FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J31400** **(1)**

1. Corporation Name
DAY'S PIZZA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 846 GLEN ST. MARY FL 32040	P.O. BOX 846 GLEN ST. MARY FL 32040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1986
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21: 1362 S. 6th Street
22 Suite, Apt. #, etc.: Macclenny FL
23 City & State:
24 Zip: 32063 25 Country: USA

2a. Mailing Address
26: PO Box 846
27 Suite, Apt. #, etc.: Glen Saint Mary
28 City & State: FL
29 Zip: 32040 30 Country: USA

4. FEI Number: 59-2698648 ☐ 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

DAY, GEORGE MERRILL
RT. 1 BOX 678
MACCLENNY FL 32063

10. Name and Address of New Registered Agent Correction & address

81 Name: George Merrill Day
82 Street Address (P.O. Box Number is Not Acceptable): 1362 S. 6th Street
83
84 City: Macclenny FL 85 Zip Code: 32063

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	DAY, GEORGE MERRILL	12 NAME	George Merrill DAY	Address
STREET ADDRESS	RT. 1 BOX 678	13 STREET ADDRESS	1362 S. 6th Street	
CITY-ST-ZIP	MACCLENNY FL	14 CITY-ST-ZIP	Macclenny FL 32063	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, KENNETH M.	22 NAME	Delete Kenneth Kirkland	
STREET ADDRESS	134 NORTH 5TH STREET	23 STREET ADDRESS	No longer shareholder	
CITY-ST-ZIP	MACCLENNY FL	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE	ST	☐ Change ☐ Addition
NAME	DAY, HELLEN R.	32 NAME	Hellen R DAY	Address
STREET ADDRESS	RT. 1 BOX 678	33 STREET ADDRESS	1362 S. 6th St	
CITY-ST-ZIP	MACCLENNY FL	34 CITY-ST-ZIP	Macclenny FL 32063	
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. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Hellen Day Hellen Day 4-28-95 904-259-4661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400M95 FP