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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J31400 (1)

1. Corporation Name
DAY'S PIZZA, INC.

Principal Place of Business
1362 S 6TH ST.
MACLENNY FL 32063
US

Mailing Address
P.O. BOX 846
GLEN SAINT MARY FL 32040-0846
US



3. Date Incorporated or Qualified 09/03/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2698648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
DAY, GEORGE MERRILL
1362 S. 6TH ST
MACLENNY FL 32063

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P DAY, GEORGE MERRILL	<input type="checkbox"/> DELETE			
NAME	DAY, GEORGE MERRILL				
STREET ADDRESS	1362 S 6TH ST.				
CITY-ST-ZIP	MACLENNY FL 32063				
TITLE	ST DAY, HELLEN R.	<input type="checkbox"/> DELETE			
NAME	DAY, HELLEN R.				
STREET ADDRESS	1362 S 6TH ST.				
CITY-ST-ZIP	MACLENNY FL 32063				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE	Officer - T			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	DAY, George Merrill				
13 STREET ADDRESS	1362 S 6th St				
14 CITY-ST-ZIP	MACLENNY FL 32063				
21 TITLE	Pres - Sec			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	DAY, Hellen R				
23 STREET ADDRESS	1362 S. 6th St				
24 CITY-ST-ZIP	MACLENNY 32063				
3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> 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:

Hellen Day

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7mar30/997 904-259-4660

Date

Daytime Phone #

CR2E034 (9/96)