## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J72390

SEMORAN PIZZA HUTS OF SOUTHWEST GEORGIA, INC. Principal Place of Business Mailing Address 9111 E. DOUGLAS AVE. ATTN: LAW DEPT P. O. BOX 428 PO BOX 783186 WICHITA KS 67201 WICHITA KS 67278-3186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/11/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2806038 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324 B**3 84 City 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 (NOTL: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE TITLE 1.1 TITLE Change Addition ROLL, TERESA J. NAME 1.2 NAME 9111 E. DOUGLAS AVE. STREET ADDRESS 1.3 STREET ADDRESS WICHITA KS CITY-ST-7IP 1.4 CITY-ST-ZIP VSD DELETE TITLE 21 TITLE Change Addition COLE, BRIAN H NAME 2.2 NAME 9111 E. DOUGLAS AVE. STREET ADDRESS 2.3 STREET ADDRESS WICHITA KS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TiTLE Change \_\_\_\_ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE ☐ Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 or an attachment with any address. Teresa J. Roll. 1/12/98

6.4 CHY-S1-7/P

**FILED** 

Jan 27 1998 8:00am

Secretary of State