

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90015 018 ***550.00

DOCUMENT # J72390

1. Corporation Name

SEMORAN PIZZA HUTS OF SOUTHWEST GEORGIA, INC.

Principal Place of Business

**9111 E. DOUGLAS AVE.
P. O. BOX 428
WICHITA KS 67201**

Mailing Address

**ATTN: LAW DEPT
PO BOX 783186
WICHITA KS 67278-3186
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1987

4. FEI Number

59-2806038

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 14841 Dallas Parkway

Suite, Apt. #, etc.

2a. Mailing Address

26 14841 Dallas Parkway

Suite, Apt. #, etc.

City & State

23 Dallas, Texas

City & State

28 Dallas, Texas

Zip

24 75240-2100

Country

25 US

Zip

29 75240-2100

Country

30 US

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	ROLL, TERESA J.	9111 E. DOUGLAS AVE.	WICHITA KS	<input checked="" type="checkbox"/>
VSD	COLE, BRIAN H	9111 E. DOUGLAS AVE.	WICHITA KS	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President/Director	Brian H. Cole	14841 Dallas Parkway	Dallas, Texas 75240-2100	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President/Secretary/Director	Melanie K. Morgan	14841 Dallas Parkway	Dallas, Texas 75240-2100	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President/Treasurer	Ida W. Horn	14841 Dallas Parkway	Dallas, Texas 75240-2100	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian H. Cole, 6/1/99 972/338-7879

Date

Daytime Phone #

CR2E034 (11/98)