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

TITLE

NAME

STREET ADDRESS

CICNATURE

FILED PROFIT Mar 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # J86230** (6) P & L PIZZA, INC. Principal Place of Business Mailing Address 509 E INTL SPEEDWAY 509 E INTL SPEEDWAY DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2847964 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζip Country ZiD Country 8. This corporation owes or has paid the current year Intangible 24 25 29 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 LEBOUKAS VASILIOS **509 E INTL SPEEDWAY** 82 Street Address (P.O. Box Number is Not Acceptable) **DAYTONA BEACH FL 32118** 83 84 City Zip Code 85 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. T DELFTE TITLE 1.1 TITLE Change Addition LEBOUKAS, VASILIOS NAME 1.2 NAME 216 S. WILD OLIVE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIF 1.4 City - ST- ZIP DELETE T Change JOILE 21 TITLE Addition LEBOUKAS, VASILIOS NAME 2.2 NAME 216 S. WILD OLIVE STREET ADDRESS 2 3 STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE Change Addition 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CHY-ST-ZIP DELETE TITLE 51 TITLE Change ☐ Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE

61 TITLE

6.2 NAME

14. Thereby 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 supplimental any nat report is true and accurate and that my signature shall have the same length as if made under oath; that I am an officer or director of the corporation or the receiver of trustee suppowered 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 attachit entities and iddress.

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

Change

■ Addition