

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K95458** (1)
1. Corporation Name
THAT LITTLE PIZZA PLACE, INC.



Principal Place of Business
**272 FLORIDA PARKWAY
KISSIMMEE FL 34743**

Mailing Address
**272 FLORIDA PARKWAY
KISSIMMEE FL 34743**

3. Date Incorporated or Qualified
06/07/1989

3a. Date of Last Report
01/31/1995

4. FEI Number
59-2956087

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

2. Principal Place of Business
21 **207 US 275**
Suite, Apt. #, etc.
22 **Dundee 71.**
City & State
23 **33838 USA**
Zip Country
24
25

2a. Mailing Address
26 **430 camp Inn main**
Suite, Apt. #, etc.
27 **Davenport 71.**
City & State
28 **33837 USA**
Zip Country
29
30

9. Name and Address of Current Registered Agent

**CASEY, ALLAN L.
395 AVENUE C, NW
WINTER HAVEN FL 33883**

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

Signature, typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	ST
NAME	CHARLEBOIS, DARLENE	1.2 NAME	charlebois Darlene
STREET ADDRESS	272 FLORIDA PARKWAY	1.3 STREET ADDRESS	430 camp Inn main
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Davenport 71. 33837
TITLE	VP	2.1 TITLE	
NAME	WILES, LINDA PAULINE	2.2 NAME	
STREET ADDRESS	204 SOUTH HARRIS	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AR	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	P
NAME	CHARLEBOIS, DENNIS J.	3.2 NAME	charlebois Dennis J
STREET ADDRESS	272 FLORIDA PARKWAY	3.3 STREET ADDRESS	430 camp Inn main
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Davenport 71. 33837
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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. *Darlene Charlebois* **Darlene Charlebois**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 941-439-1595
Date Daytime Phone #

CR2E034 (12/95)