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FILED
May 06 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 # L14003

1. Corporation Name

PETE'S PIZZA CO.

Principal Place of Business	Mailing Address
1441 S. NOVA ROAD DAYTONA BEACH, FL. 32174	1441 S. NOVA ROAD DAYTONA BEACH, FL. 32174

3. Date Incorporated or Qualified: 09/05/1989 | 3a. Date of Last Rep

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2964965 | App / Not

5. Certificate of Status Desired ☐ $8.75 Fee Req

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Added to

8. This corporation has liability for intangible tax under s. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOSEPH P. CLARK
533 N. NOVA ROAD, SUITE 115
ORMOND BEACH, FL. 32174

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City FL 95 Zip C

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 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 r agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

(Signature, typed or printed name of registered agent and date of appointment) (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP,S,T,D. ☐ DELETE Pete Deleonibus 999 Mori Court PORT ORANGE, FL. 32127-7959	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change 400002175904 -05/13/97--01005--014 ***165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change 5/6/97
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change

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; 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: Pete DeLeonibus President Pete Deleonibus 04/29/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date