

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

002280

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90150 018 \*\*\*150.00

DOCUMENT # **L14003** *ck*

1. Corporation Name  
**PETE'S PIZZA CO.**

Principal Place of Business  
**1441 S. NOVA ROAD  
DAYTONA BEACH FL 32174**

Mailing Address  
**1441 S. NOVA ROAD  
DAYTONA BEACH FL 32114  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/05/1989**

4. FEI Number

**59-2964965**

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

**CLARK, JOSEPH P., SR.  
533 N NOVA RD  
SUITE 115  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name **Peter Deleonibus**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1441 S. Nova Road**

83

84 City **Daytona Beach,** **FL** 85 Zip Code **32114**

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

*Peter Deleonibus*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-26-99**

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	DELEONIBUS, PETE	
STREET ADDRESS	999 MORI COURT	
CITY-ST-ZIP	PORT ORANGE FL 32127-7959	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DELEONIBUS, PETE	
STREET ADDRESS	999 MORI COURT	
CITY-ST-ZIP	PORT ORANGE FL 32127-7959	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Peter Deleonibus*

**2-26-99 - 904-253-3707**

Date

Daytime Phone #

CR2E034 (11/98)