

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

FILED
Mar 26 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 # **L37400**

(3)

1. Corporation Name
ST. ARMANDS PIZZA, INC.



Principal Place of Business
**19 N. BLVD. OF PRESIDENTS
SARASOTA FL 34236**

Mailing Address
**19 N. BLVD. OF PRESIDENTS
SARASOTA FL 34236-1304**

3. Date Incorporated or Qualified
12/18/1989

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0162680

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVITT, SANDY
2201 RINGLING BLVD, #203
SARASOTA FL 34237**

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

(Should be typed for printed name of registered agent and for, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PT
GIBBS, ALAN
1104 BEN FRANKLIN DRIVE
SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**VS
GIBBS, BETTY D
1104 BEN FRANKLIN DRIVE
SARASOTA FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**GIBBS, BETTY D
1104 BEN FRANKLIN DRIVE
SARASOTA FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**GIBBS, BETTY D
1104 BEN FRANKLIN DRIVE
SARASOTA FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**GIBBS, BETTY D
1104 BEN FRANKLIN DRIVE
SARASOTA FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**GIBBS, BETTY D
1104 BEN FRANKLIN DRIVE
SARASOTA FL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**GIBBS, BETTY D
1104 BEN FRANKLIN DRIVE
SARASOTA FL**

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: **ALAN GIBBS**

Date

Daytime Phone #

CR2E034 (9/96)