

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED

55 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L43144

(9)

1. Corporation Name

PERKY'S PIZZA OF VISCAYA, INC.

Principal Place of Business

5024 SW 26 AVENUE
CAPE CORAL FL 33914

Mailing Address

5024 SW 26 AVENUE
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1990

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0318202

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. The corporation has liability for intangible tax under § 190.001,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21

2b. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EDY, WILLIAM T.
5400 PELICAN BLVD.
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

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

Signature of Registered Agent (Required Agent is Not Applicable)

Signature of Registered Agent (Required Agent is Not Applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHLUETER, JAMES G.
STREET ADDRESS	5024 SW 26 AVENUE
CITY, ST, ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	☒ Change ☐ Addition
2. NAME	SCHLUETER, JAMES G.	
3. STREET ADDRESS	5024 SW 26th Ave	
4. CITY, ST, ZIP	CAPE CORAL FL	
5. TITLE	D	☐ Change ☒ Addition
6. NAME	ROBERT M WOLFE	
7. STREET ADDRESS	3902 SE 19th Ave	
8. CITY, ST, ZIP	CAPE CORAL FL 33904	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that the information indicated on this annual report or supplemental annual report that I am an officer or director of the corporation or the receiver or trustee or appears in Block 12 or Block 13 if changed, or on an attachment with an address.

I do not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that this information is true and accurate and that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

Robert M Wolfe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

1/13/95 813 283 2723

Date

Signature Number