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

Mailing Address

1860 EVANS ROAD LA BELLE FL 33935

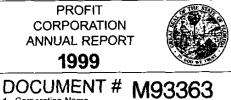
**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

732 S MAIN ST

LA BELLE FL 33935



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 17, 1999 8:00 am Secretary of State

05-17-1999 90025 029 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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1. Corporation Name SAL-CAL PIZZA, INC.

3. Date Incorporated or Qualifed 08/09/1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0073302 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #. etc. 5. Certifcate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Country Zip No Personal Property Tax. ☐ Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WATKINS, JOHN JAY Street Address (P.O. Box Number is Not Acceptable) 150 S MAIN ST. LA BELLE FL 33935 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME PELLEGRINO, GAIL W NAME 1860 EVANS ROAD 1.3 STREET ADDRESS STREET ADDRESS LA BELLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE PELLEGRINO. SALVATORE NAME 1860 EVANS ROAD 2.3 STREET ADDRESS STREET ADDRESS LA BELLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE [] Change Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS

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.

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-\$T-ZIP

FICER OR DIRECTOR

430-99 941-675-4979

Date Daytime Phone #