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Jan 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000000452 (2)

1. Corporation Name

MAIN GATE PIZZA, INC.

Principal Place of Business

4147 W HWY 192  
KISSIMMEE FL 34746

Mailing Address

4147 W HWY 192  
KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1992

4. FEI Number

59-3146970

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

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

GRUNSKY, JIM  
4147 W HWY 192  
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name

GRUNSKY, MARY E

82

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

4147 W. HWY 192

83

84

City

KISSIMMEE

FL

85

Zip Code

34746

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 person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/98

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME GRUNSKY, JIM  
STREET ADDRESS 4147 W HWY 192  
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☐ DELETE

NAME GRUNSKY, MARY E  
STREET ADDRESS 4147 W HWY 192  
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME GRUNSKY, MARY E  
1.3 STREET ADDRESS 4147 W. HWY 192  
1.4 CITY-ST-ZIP KISSIMMEE FL 34746

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME MATT WISEMAN  
2.3 STREET ADDRESS 4147 W. HWY 192  
2.4 CITY-ST-ZIP KISSIMMEE FL 34746

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME STEFANIE WISEMAN  
3.3 STREET ADDRESS 4147 W. HWY 192  
3.4 CITY-ST-ZIP KISSIMMEE FL 34746

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRUNSKY, JIM 1/6/98

407-896-3990

CR2E034 (10/97)