FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000004360 (3)**

1. Corporation Name
L-N-W PIZZA, INC.

Principal Place of Business	Mailing Address
8536 SUMMERVILLE PLACE ORLANDO FL 32819	8536 SUMMERVILLE PLACE ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1992**
3a. Date of Last Report: **05/31/1994**

2. Principal Place of Business
21 **5898-B S. ORANGE BLOSSOM TRAIL**
22 Suite, Apt. #, etc.
23 City & State: **ORLANDO, FL**
24 Zip: **32839** 25 County:

2a. Mailing Address
27 **5898-B S. Orange Blossom**
Suite, Apt. #, etc.
28 City & State: **Orlando, FL**
29 Zip: **32839** 30 Country:

4. FEI Number: **59-3156711** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ONEY, WAD S
8536 SUMMERVILLE PLACE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: **ONEY, WADE S**
82 Street Address (P.O. Box Number is Not Acceptable): **5898-B S. Orange Blossom Trail**
83
84 City: **Orlando** **FL** 85 Zip Code: **32839**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT AND DIRECTOR	☒ Change ☒ Addition
NAME	ONEY, WADE S	12 NAME		
STREET ADDRESS	8536 SUMMERVILLE PL	13 STREET ADDRESS	5898-B S. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32819	14 CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	P	21 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	ONEY, ELIZABETH A	22 NAME		
STREET ADDRESS	8536 SUMMERVILLE PL	23 STREET ADDRESS	5898-B S. ORNAGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32819	24 CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	V	31 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	SCHNATTER, JOHN H	32 NAME		
STREET ADDRESS	11492 BLUEGRASS PWY	33 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40299	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	SCHNATTER, CHARLES W	42 NAME		
STREET ADDRESS	11492 BLUEGRASS PWY	43 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40299	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	HOLLAND, J. DANIEL	52 NAME		
STREET ADDRESS	11492 BLUEGRASS PWY	53 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40299	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 is on an attachment with an address.

SIGNATURE: _____ Charles W. Schnatter, 01/31/1995 502-266-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Secretary

0001382 CP