FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000004360 (3)**

1. Corporation Name

L-N-W PIZZA, INC.

Principal Place of Business	Mailing Address
5898 B S. ORANGE BLOSSOM ORLANDO FL 32839 US	5898 B S. ORANGE BLOSSOM ORLANDO FL 32819 US

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

3. Date Incorporated or Qualified: **11/09/1992**

3a. Date of Last Report: **05/01/1995**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ONEY, WADE S.
5898 B S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	ONEY, WADE S	
STREET ADDRESS	5898 B S. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	☐ DELETE
NAME	ONEY, ELIZABETH A	
STREET ADDRESS	5898 B S. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	SCHNATTER, JOHN H	
STREET ADDRESS	11492 BLUEGRASS PWY	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	S	☐ DELETE
NAME	SCHNATTER, CHARLES W	
STREET ADDRESS	11492 BLUEGRASS PWY	
CITY-ST-ZIP	LOUISVILLE KY 40299	
TITLE	V	☒ DELETE
NAME	HOLLAND, J. DANIEL	
STREET ADDRESS	11492 BLUEGRASS PWY	
CITY-ST-ZIP	LOUISVILLE KY 40299	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	300001915703	
4.3 STREET ADDRESS	-08/07/96--01046--032	
4.4 CITY-ST-ZIP	***25.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	200001915702	
6.1 TITLE	-08/07/96--01046--091	☐ Change ☐ Addition
6.2 NAME	***200.00	
6.3 STREET ADDRESS		
6.4 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)(k), 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.

SIGNATURE: By: _____ **08/04/1996** **502-266-5200**
SIGNATURE OF TYPED OR PRINTED NAME OF PERSON AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES W. SCHNATTER, SECRETARY

08/7/96

CR2E034 (12/95)