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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:52

DOCUMENT # **P93000010438 (8)**

1. Corporation Name
PORKY'S PIZZA, INC.

Principal Place of Business	Mailing Address
8630 JERNIGAN ROAD PENSACOLA FL 32514	8630 JERNIGAN ROAD PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 4475 WOODBINE RD.
22 Suite, Apt. #, etc: #1
23 City & State: PACE FLORIDA
24 Zip: 32571 25 Country: SANTA ROSA

2a. Mailing Address
26 4475 WOODBINE RD.
27 Suite, Apt. #, etc: #1
28 City & State: PACE FLORIDA
29 Zip: 32571 30 Country: SANTA ROSA

4. FEI Number: 59-3162645 ☑ 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 C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCFARLAND, EDWARD E
8630 JERNIGAN ROAD
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name: J. D. WEST
82 Street Address (P.O. Box Number is Not Acceptable): 7789 PARKER ROAD
83
84 City: MILTON FL 85 Zip Code: 32570

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: J D West — 4-8-95
Signature, typed or printed name of registered agent, and title (if any) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	11 TITLE	☐ Change ☐ Addition
NAME	MCFARLAND, EDWARD E	12 NAME	
STREET ADDRESS	8630 JERNIGAN ROAD	13 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL 32514	14 CITY ST ZIP	
TITLE	~~President, Secretary~~, Director	21 TITLE	☐ Change ☐ Addition
NAME	J.D. WEST	22 NAME	
STREET ADDRESS	7789 PARKER RD.	23 STREET ADDRESS	
CITY ST ZIP	MILTON, FL. 32570	24 CITY ST ZIP	
TITLE	VICE PRESIDENT	31 TITLE	☐ Change ☐ Addition
NAME	JAMES D. 'DAN' WEST	32 NAME	
STREET ADDRESS	4475 WOODBINE #1	33 STREET ADDRESS	
CITY ST ZIP	PACE, FL. 32571	34 CITY ST ZIP	
TITLE	TREASURER	41 TITLE	☐ Change ☐ Addition
NAME	MARLYNN WEST	42 NAME	
STREET ADDRESS	4475 WOODBINE RD #1	43 STREET ADDRESS	
CITY ST ZIP	PACE, FL. 32571	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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 on an attachment with an address.

SIGNATURE: J D West J.D. WEST — 4-8-95 — 904-623-0723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448412 FP