

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Dorinda B. Hoffmann  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 21 AM 8:10**

**DOCUMENT # P93000013472 (4)**

1. Corporation Name  
**TONY'S PIZZA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**4364 66TH ST NORTH      4364 66TH ST NORTH  
#108                                      #108  
ST. PETERSBURG FL                  ST. PETERSBURG FL  
US    US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
21    26  
State, Apt. #, etc                      27  
22    27  
City & State                              28  
23    28  
Zip    29      Country                                      30

3. Date Incorporation or Creation      3a. Date of Last Report  
**02/15/1993                                      03/15/1994**  
4. FEI Number      Applied For  
**59-3168680                                      Not Applicable**  
5. Additional Fee Required  
**\$8.75**  
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  
**CARANNANTE, ANTONIO  
4364 66TH ST. NO.  
ST. PETERSBURG FL 33709**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>CARANNANTE, ANTONIO</b>
STREET ADDRESS	<b>8147 LARCHWOOD DR</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>S</b>
NAME	<b>CARANNANTE, ROSALIE</b>
STREET ADDRESS	<b>8147 LARCHWOOD DR</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Antonio Carannante      4-16-95      813-544-2665  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR      Date      (Optional Phone #)