

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90089 003 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000013793**

1. Corporation Name

**TATE BROTHERS PIZZA, INC.**

Principal Place of Business

 501 E. KENNEDY BLVD.  
 SUITE 1700  
 TAMPA FL 33602

Mailing Address

 501 E. KENNEDY BLVD.  
 SUITE 1700  
 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1993

4. FEI Number

59-3167055

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

 21 **233 E Davis Blvd**  
 22  
 23 **Tampa FL**

 24 **33606** 25

2a. Mailing Address

 26 **106 Martinique Ave**  
 27 Suite, Apt. #, etc.

 28 **Tampa FL**  
 29 **33606** 30

9. Name and Address of Current Registered Agent

 TATE, MARK T  
 501 E. KENNEDY BLVD.  
 SUITE 1700  
 TAMPA FL 33602

10. Name and Address of New Registered Agent

 81 Name **Mark T. Tate**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**106 Martinique Avenue**  
 83 **Tampa**  
 84 City **Tampa** 85 **FL** 86 **33606**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE **PSTD** ☐ DELETE  
 NAME **TATE, MARK T**  
 STREET ADDRESS **501 E. KENNEDY BLVD., STE. 1700**  
 CITY-ST-ZIP **TAMPA FL 33602**

 TITLE **VP** ☐ DELETE  
 NAME **TATE, THOMAS J.**  
 STREET ADDRESS **233 A E DAVIS BLVD**  
 CITY-ST-ZIP **TAMPA FL**

 TITLE **VP** ☐ DELETE  
 NAME **TATE, DAVID A**  
 STREET ADDRESS **233A E DAVIS BLVD**  
 CITY-ST-ZIP **TAMPA FL**

 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 ☐ 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  
 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)