

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000036383**

1. Corporation Name  
**BUMBY PIZZA, INC.**

Principal Place of Business

**1427 SOUTH BUMBY  
ORLANDO FL 32806**

Mailing Address

**1427 SOUTH BUMBY  
ORLANDO FL 32806**

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90091 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/13/1994**

4. FEI Number

**59-3243328**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**MORGAN, MATT  
1427 SOUTH BUMBY  
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

**81** Name **Christopher Smith**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**6306 Bayside Drive**

**83**

**84** City **New Port Richey** **FL** **85** Zip Code **34652**

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

**Christopher A. Smith**

**2-14-99**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
NAME **MORGAN, MATT**  
STREET ADDRESS **1427 SOUTH BUMBY**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **DV** ☒ DELETE  
NAME **APPLEGATE, KEN**  
STREET ADDRESS **1427 SOUTH BUMBY**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **DS** ☐ DELETE  
NAME **GREEN, KEVIN**  
STREET ADDRESS **1427 SOUTH BUMBY**  
CITY-ST-ZIP **ORLANDO FL 32806**

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 **SD** ☐ Change ☒ Addition  
2.2 NAME **Bart Huntton**  
2.3 STREET ADDRESS **1427 South Bumby**  
2.4 CITY-ST-ZIP **Orlando, FL 32806**

3.1 TITLE **VD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **PD** ☐ Change ☒ Addition  
4.2 NAME **Christopher Smith**  
4.3 STREET ADDRESS **6306 Bayside Drive**  
4.4 CITY-ST-ZIP **New Port Richey, FL 34652**

5.1 TITLE **VD** ☐ Change ☒ Addition  
5.2 NAME **Mark Long**  
5.3 STREET ADDRESS **1427 South Bumby**  
5.4 CITY-ST-ZIP **Orlando, FL 32806**

6.1 TITLE **TD** ☐ Change ☒ Addition  
6.2 NAME **Deryk Hayden**  
6.3 STREET ADDRESS **1427 South Bumby**  
6.4 CITY-ST-ZIP **Orlando, FL 32806**

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 #

**Christopher A. Smith**

**2/14/99**

**847-1323**

CR2E034 (11/98)