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 # **P94000049452 (3)**

1. Corporation Name

KELSEY'S PIZZA OF ORLANDO, INC.

Principal Place of Business	Mailing Address
12269 UNIVERSITY BLVD. ORLANDO FL 32817	P O BOX 678087 ORLANDO FL 32867 US

3. Date Incorporated or Qualified: 06/28/1994	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3255254	☐ 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	

2. Principal Place of Business
21: 2146 Chickasaw Tr
22: Suite, Apt. #, etc.
23: City & State: Orlando FL
24: 32825 25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

9. Name and Address of Current Registered Agent

HEINKEL, R. LAWRENCE
201 W. CANTON AVE.
NEW YORK-CANTON BLDG., SUITE 150
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Nick Iltsopoulos
82 Street Address (P.O. Box Number is Not Acceptable): 10509 Via De Sol
83:
84 City: Orlando FL 85 Zip Code: 32817

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] DATE: 2.16.96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	ILTSOPOLOUS, NICHOLAS	1 NAME	
STREET ADDRESS	% P.O. BOX 678087 (N/A)	1 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32867	1 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	SMITH, RALPH	2 NAME	
STREET ADDRESS	% P.O. BOX 678087 (N/A)	2 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32867	2 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	SMITH, CODY	3 NAME	
STREET ADDRESS	% P.O. BOX 678087 (N/A)	3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32867	3 CITY-ST-ZIP	
TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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: [signature] 2.16.96 407.671.1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

CR2E034 (12/95)