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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

2140 CHICKSAW TR
ORLANDO FL 32825
US

Mailing Address

P O BOX 678087
ORLANDO FL 32867-8087
US

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
02/22/1996

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 2140 CHICKSAW TR

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

Zip

Country

24 32825

25

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ILTSOPOULOS, NICK
10509 VIA DEZ SOL
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

NICK ILTSOPOULOS

82

Street Address (P.O. Box Number is Not Acceptable)

10509 VIA DEZ 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, typed or printed name of registered agent and title if applicable

(N/A) - Registered Agent signature required when installing

DATE

NICK ILTSOPOULOS

4.30.97

12. OFFICERS AND DIRECTORS

TITLE D
NAME ILTSOPOULOS, NICHOLAS
STREET ADDRESS % P.O. BOX 678087 (N/A)
CITY-ST-ZIP ORLANDO FL 32867

☐ DELETE

TITLE D
NAME SMITH, RALPH
STREET ADDRESS % P.O. BOX 678087 (N/A)
CITY-ST-ZIP ORLANDO FL 32867

☐ DELETE

TITLE D
NAME SMITH, CODY
STREET ADDRESS % P.O. BOX 678087 (N/A)
CITY-ST-ZIP ORLANDO FL 32867

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME ILTSOPOULOS, NICHOLAS
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

NICK ILTSOPOULOS 4.30.97

CR2E034 (9/96)