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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 04 1998 8:00am

Secretary of State

11-22-08 BULLOLD ONE

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P94000054714 (8)

SAN CARLOS PIZZA MANAGEMENT, INC.

Principal Place of Business Mailing Address						# (E) (# (# () #) # ())
7480 SAN CARLOS BLVD		P.O. BOX 746					
UNIT D SOUTH FT MYERS FL		ESTERO FL 33928 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					07/25/1994		
	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For
Suite, Apt. #, etc.		26		65-0508690		ot Applicable	
	#, Q (C.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
22 27 City & State City & State					- Floring Oracle Silversian		·
m for homes for		28		Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country		Zip Country					
21 33912 25 U.S.		29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
PR/	ATHER, ALAN H		81	Name			
1111 3RD AVE W			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 300				O GOOT AND	through the second section of the second sec		
BRADENTON FL 34205			B3				
			84	City		85 Zip	Code
],		·L `	
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 agen		OTE: Registered Ag	ent signature req	quired when reinstating) DATI		
12.	OFFICERS AND		13.	 	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 JULE			L. Change	☐ Addition
NAME	TAYLOR, MICHAEL G		1.2 NAME				
STREET ADDRESS	7460 SAN CARLOS BLVD, UNI	IT D		T ADDRESS			1
CITY-ST-ZIP	FT. MYERS FL	DELETE	1.4 C(TY-	ST-21P		Change	Addition
TITLE NAME	▼	· [_] beter	21 TITLE			La Change	☐ Madifion
STREET ADDRESS	PRATHER, ALAN H 1111 3RD AVE W, SUITE 300		2.2 NAME				
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-	ADDRESS			1
TITLE	T	DELETE	3.1 TITLE	51-ZIF		Change	Addition
NAME	TAYLOR, JENNIFER N		3.2 NAME				
STREET ADDRESS	7460 SAN CARLOS BLVD, UNI	T D		T ADDRESS			
CITY-ST-ZIP	FT. MYERS FL	·· -	3.4. CITY-	1			
TITLE	8	☐ DELETE	4.1 TITLE			Change	Addition
NAME	PRATHER, BEVERLY A		4. 2 NAME			•	ĺ
STREET ADDRESS	1111 3RD AVE W, SUITE 300		4.3 STREE	T ADDRESS			
CITY+ST-ZIP	BRADENTON FL		4.4 CITY-				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			52 NAME				1
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY+ST-ZIP			5.4 CITY-	ST - ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	-			ĺ
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14. Thereby certify that the information supplied with this filing does not quality 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.							