

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:09

DOCUMENT # **P94000056522 (3)**

1. Corporation Name
SAN'S PIZZERIA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **36137 EAST LAKE ROAD
UNIT 309
PALM HARBOR FL 34685**

Mailing Address: **36137 EAST LAKE ROAD
UNIT 309
PALM HARBOR FL 34685**

Do Not Write in This Space

3. Date incorporated or qualified 06/27/1994	3a. Date of Last Report
4. FFL Number 59-3269182	Applied For Not Applicable
5. Certificate of Status Cleared <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has not had any change in principal place under the Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Officer's Name	2a. Mailing Address
21. State Apt. # of	26. State Apt. # of
22. City & State	27. City & State
23. State	28. State
24. State	29. State
25. State	30. State

9. Name and Address of Current Registered Agent

**FELDER, JACQUELINE
36137 EAST LAKE ROAD
UNIT 309
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

**JOSEPH C. SKALSKI, ESQUIRE
13770 58TH ST. N., STE. 303
CLEARWATER, FL 34620**

11. Pursuant to the provisions of sections 607.0942 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. 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 understand the provisions of Section 607.0942, Florida Statutes.

SIGNATURE: *Joseph C. Skalski* 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME FELDER, SANFORD	1. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. STREET ADDRESS 4340 RIDGEMOOR DR. NORTH PALM HARBOR FL 34685	2. STREET ADDRESS		
3. CITY D	3. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4. NAME FELDER, JACQUELINE	4. NAME		
5. STREET ADDRESS 4340 RIDGEMOOR DR. NORTH PALM HARBOR FL 34685	5. STREET ADDRESS		
6. NAME	6. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
7. STREET ADDRESS	7. STREET ADDRESS		
8. NAME	8. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9. STREET ADDRESS	9. STREET ADDRESS		
10. NAME	10. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. STREET ADDRESS	11. STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing is verifiably true and correct and that I qualify for the registration stated in Part 11 of this report. Florida Statutes. I do hereby certify that the information submitted on this annual report of supplemental annual report or biennial annual report and that the corporation shall have the same as specified. I do hereby certify that I am an eligible officer or director of the corporation and that I am not an ineligible corporation. I am filing this report as required by Chapter 607, Florida Statutes, and that my name appears in the book of records of the corporation.

SIGNATURE: *Jacqueline A. Felder* Director (813) 781-9253
PRINTED ON PRINTED NAME OF DIRECTOR: **Jacqueline Felder**