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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000065427 (4)

Country

DAYTONA BEACH SHORES FL 32118

e, Name and Address of Current Registered Agent

25

GRAZIANO, WAYNE A 3218 S. ATLANTIC AVE

GATOR'S PIZZA, INC.

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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3218 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118

Principal Place of Business

2, Principal Place of Business

Suite, Apt. #, etc.

City & State

21

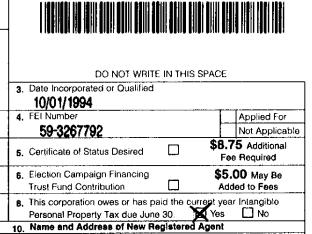
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Zip

3218 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118 FILED Feb 17 1998 8:00am Secretary of State



Zip Code

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

Country

81

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83 84 Name

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

30

	im familiar with, and accept the obligations of, Secti	iun 607.05 <b>0</b> 5, Fio	nua statutes.				
SIGNATURE	Signature typod or pointed name of registered agent and title 4 applica	ablo (NOTE	: Registered Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	S TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	DPVS	DELETE	1.1 TITLE			Change	Addition
NAME	GRAZIANO, WAYNE A		1.2 NAME				
STREET ADDRESS	3218 S. ATLANTIC AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118		1.4 CITY - ST - ZIP				
TITLE	T	DELETE	2.1 TITLE			☐ Change	Addition
NAME	GRAZIANO, WAYNE A	,	2.2 NAME				
STREET ADDRESS	3218 S. ATLANTIC AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118		2. 4 CITY - ST - ZIP	•			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - S1 - ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAMÉ			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	1			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

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.