

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 14 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000066963 (7)**

1. Corporation Name

S & S PIZZA RESTAURANTS, INC.

Principal Place of Business

**200 S. RIVERSIDE DR. #302
NEW SMYRNA BEACH FL 32168**

Mailing Address

**C/O CHARLES SEIBOLD
PO BOX 894
NEW SMYRNA BEACH FL 32168**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1984

3a. Date of Last Report

2. Principal Place of Business

**21 933 W. INT'L. SPEEDWAY BLVD.
Suite, Apt. #, etc.**

2a. Mailing Address

**26 933 W. INT'L. SPEEDWAY BLVD
Suite, Apt. #, etc.**

4. FEI Number

59-3266725

Applied For

Not Applicable

22 City & State

23 DAYTONA BEACH, FLORIDA

27 City & State

28 DAYTONA BEACH, FLORIDA

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

24 Zip

32114

Country

USA

29 Zip

32114

30 Country

USA

9. Name and Address of Current Registered Agent

**SEIBOLD, CHARLES R
200 S. RIVERSIDE DR. #302
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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 the corporation

(NOTE: Registered Agent signature required when reconstituted)

4-10-95
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SEIBOLD, CHARLES R JR
STREET ADDRESS	168 IBIS RD.
CITY - ST - ZIP	LONGWOOD FL 32779
TITLE	DST
NAME	SEIBOLD, CHARLES R
STREET ADDRESS	200 S. RIVERSIDE DR. #302
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Seibold Jr.

4-10-95
Date

904 254-8404
Telephone/Fax