

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000075614

1. Corporation Name:

SUN STATE PIZZA, INC

**APPROVED
AND
FILED**

95 MAY -1 PM 12:41

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1450 SKIPPER RD.
TAMPA, FL 33612**

**P.O. BOX 260502
TAMPA, FL 33685**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05-11-1994

4. FEI Number

Applied For

59-3272021

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**

7. This corporation has liability for intangible tax under S. 199.09, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN HOUSTON
2109 BAYSHORE BLVD #406
TAMPA, FL 33606**

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

John Houston

4/11/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **JOHN HOUSTON P/D**
NAME: **JOHN HOUSTON**
STREET ADDRESS: **2109 BAYSHORE BLVD #406**
CITY, ST, ZIP: **TAMPA, FL 33606**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE: **TROY VINEY VP/D**
NAME: **TROY VINEY**
STREET ADDRESS: **6910 MIRROR LAKE AVE**
CITY, ST, ZIP: **TAMPA, FL 33634**

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

400001481644
-05/09/95--01136--005
******200.00 ****200.00**

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6.1 TITLE
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:

John Houston President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95
Date

813-884-9586
Telephone Number