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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000087588 (7)**

1. Corporation Name
MIKEY'S PIZZA, INC.

Principal Place of Business	Mailing Address
806 THIRD AVE NEW SMYRNA BEACH FL 32169	806 THIRD AVE NEW SMYRNA BEACH FL 32169-3136

3. Date Incorporated or Qualified	3a. Date of Last Report
12/02/1994	05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3279784 ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLLINGSWORTH, PHYLLIS 806 THIRD AVE NEW SMYRNA BEACH FL 32169	81 Name: EARNEST, JUDY 82 Street Address (P.O. Box Number is Not Acceptable): 806 THIRD AVE. 83 84 City: NEW SMYRNA BEACH FL 85 Zip Code: 32169

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: Judy A. Earnest JUDY A. EARNEST 4/9/97
(Signature and typed or printed name of registered agent and date as applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	HOLLINSWORTH, PHYLLIS	1.2 NAME	EARNEST, JUDY
STREET ADDRESS	806 E 3RD AVE	1.3 STREET ADDRESS	806 THIRD AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	T/S ☐ Change ☒ Addition
NAME		3.2 NAME	EARNEST, CLINT
STREET ADDRESS		3.3 STREET ADDRESS	806 THIRD AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Judy A. Earnest JUDY A. EARNEST 4/9/97 (904) 423-6854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024267