

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000014522 (3)

1. Corporation Name
PITA ONE, INC.



Principal Place of Business

8011 HALCYON COURT
INVERNESS FL 34453

Mailing Address

8011 HALCYON COURT
INVERNESS FL 34453

2. Principal Place of Business

21 3600 E. Gulf to Lake Hwy
Suite, Apt. #, etc.

22 City & State

23 Inverness, FL

24 34453 25 Citrus

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 34453 30 Citrus

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

01/23/1996

4. FEI Number

65-0563837

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

LANGER, DAVID
8011 HALCYON COURT
INVERNESS FL 34453

10. Name and Address of New Registered Agent

81 Name James L. Davis President
82 Street Address (P.O. Box Number is Not Acceptable)
3600 E. Gulf To Lake Hwy
83
84 City Inverness FL 85 Zip Code 34453

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 of registered agent or provided name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANGER, DAVID	
STREET ADDRESS	8011 HALCYON COURT	
CITY - ST - ZIP	INVERNESS FL 34453	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James L. Davis	
1.3 STREET ADDRESS	3600 E. Gulf To Lake Hwy	
1.4 CITY - ST - ZIP	Inverness, FL 34453	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. DAVIS PRESIDENT 4-27-97 352 344-990

Date

Daytime Phone

CP2E034 (9/96)