

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038323 (8)

1. Corporation Name

"BRANDON PIZZA GROUP, INC."



Principal Place of Business

6326 MACLAURIN DRIVE
TAMPA FL 33647

Mailing Address

6326 MACLAURIN DRIVE
TAMPA FL 33647

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

DORSCH, DANIEL J
6326 MACLAURIN DRIVE
TAMPA FL 33647

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

4. FEI Number

59-3316160

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. 193.032,
Florida Statutes.

☒ Yes ☐ No

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 607.0702 and 607.1504, 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 607.0704, Florida Statutes.

SIGNATURE

Signature of the person making the report on pages 1 and 2 of this report.

Signature of the person making the report on pages 3 and 4 of this report.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DORSCH, DANIEL J	
STREET ADDRESS	6326 MACLAURIN DRIVE	
CITY-STATE-ZIP	TAMPA FL 33647	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	D
2.3 STREET ADDRESS	DIMALANTA, EDWIN P
2.4 CITY-STATE-ZIP	16007 WILMINGTON PLACE
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	D
3.3 STREET ADDRESS	DIMALANTA, PERRY P
3.4 CITY-STATE-ZIP	5805 E. AINSWORTH CT.
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.04(3)(k), 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 or person 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: *Edwin P. Dimalanta* ERWIN P. DIMALANTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(813) 220-9248

CR2E034 (12/95)