

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000054781 (6)**

1. Corporation Name

GULF COAST PIZZA, INC.



Principal Place of Business

**1601 W MARION AVE SUITE 203
PUNTA GORDA FL 33950**

Mailing Address

**1601 W MARION AVE SUITE 203
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified

07/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1601 W. Marion Ave.**

26 **1601 W. Marion Ave.**

4. FEI Number

56-1931353

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 103**

27 **Suite 103**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 **Punta Gorda, FL**

28 **Punta Gorda, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33950**

25 **USA**

29 **33950**

30 **USA**

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

**KONIDES, JIM
1601 W MARION AVE SUITE 203
PUNTA GORDA FL 33950**

81 Name

Konides, Jim

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

1601 W. Marion Ave.

83

Suite 103

84

**City
Punta Gorda**

FL

85

**Zip Code
33950**

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 **Jim Konides**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/22/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

**D
ANGIUOLI, RALPH
908 SHADOWMERE COURT
WINSTON-SALEM NC 27104**

☐ Change ☐ Addition

☐ DELETE

**P
ANGIUOLI, JR R.
604 RITTENHOUSE CT
WINSTON-SALEM NC 27104**

☐ Change ☐ Addition

☐ DELETE

**3
1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP**

☐ Change ☐ Addition

☐ DELETE

**4
1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP**

☐ Change ☐ Addition

☐ DELETE

**5
1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP**

☐ Change ☐ Addition

☐ DELETE

**6
1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP**

☐ Change ☐ Addition

☐ DELETE

**7
1 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP**

☐ Change ☐ Addition

☐ DELETE

**8
1 TITLE
82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP**

☐ Change ☐ Addition

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)(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 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

Ralph Anghioli, Jr. 1/23/96 (910)659-0936

Date

Daytime Phone #

CR2E034 (12/95)