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Jan 21 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 # **P95000068673 (9)**

1. Corporation Name
JONI PIZZA, INC.

Principal Place of Business	Mailing Address
410 BLANDING **SUITE 5** **ORANGE PARK FL 32073** **US**	**P.O. BOX 7022** **315 S. CALHOUN ST., SUITE 600** **ORANGE PARK FL 32073-5562** **US**

3. Date Incorporated or Qualified: **09/06/1995**
3a. Date of Last Report: **03/12/1996**

2. Principal Place of Business 21	2a. Mailing Address 26: P.O. Box 7022
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: Orange Park FL
Zip 24 / Country 25	Zip 29: 32073 / Country 30: US

4. FEI Number: **59-3345275** ☐ 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
CORPORATION SERVICE COMPANY **1201 HAYS STREET** **TALLAHASSEE FL 32301**	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SPATES, JOSEPH		1.2 NAME		
STREET ADDRESS	2910 JACARANDA DRIVE		1.3 STREET ADDRESS	1468 Water Pipit Lane	
CITY-ST-ZIP	HARLINGEN TX		1.4 CITY-ST-ZIP	Orange Park FL 32073	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SPATES, ELIZABETH K		2.2 NAME		
STREET ADDRESS	2910 JACARANDA DRIVE		2.3 STREET ADDRESS	1468 Water Pipit Lane	
CITY-ST-ZIP	HARLINGEN TX		2.4 CITY-ST-ZIP	Orange Park FL 32073	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KARABIC, BERTHA		3.2 NAME	Karabaic, Bertha	
STREET ADDRESS	2910 JACARANDA DRIVE		3.3 STREET ADDRESS	1707 Syracuse Dr	
CITY-ST-ZIP	HARLINGEN TX		3.4 CITY-ST-ZIP	Richardson TX 75081	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	KARABIC, NICHOLAS		4.2 NAME	Karabaic, Nicholas	
STREET ADDRESS	2910 JACARANDA DRIVE		4.3 STREET ADDRESS	1707 Syracuse Dr	
CITY-ST-ZIP	HARLINGEN TX		4.4 CITY-ST-ZIP	Richardson TX 75081	
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: Elizabeth Spates 1-10-97 9042784208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014944