

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90047 047 ***150.00

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DOCUMENT # P95000081314

1. Corporation Name
B & B PIZZA ENTERPRISES, INC.

Principal Place of Business
737 E HWY 98
7
DESTIN FL 32541
US

Mailing Address
737 E HWY 98 SUITE 7
DESTIN FL 32541
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/20/1995

4. FEI Number
59-3341993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 2569 McKinnon Bridge Rd.
Suite, Apt. #, etc.

2a. Mailing Address
26 2569 McKinnon Bridge Rd.
Suite, Apt. #, etc.

23 Ponce De Leon FL
City & State

28 Ponce De Leon FL
City & State

24 32455 25 USA
Zip Country

29 32455 30 USA
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARRY BUTLER
737 E HWY 98
STE 7
DESTIN FL 32541

81 Name
Larry Butler
82 Street Address (P.O. Box Number Is Not Acceptable)
2569 McKinnon Bridge Rd
83
84 City
Ponce De Leon FL 85 Zip Code
32455

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 *Larry Butler Pres*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-28-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BUTLER, LARRY
STREET ADDRESS 737 EAST HWY 98 SUITE 7
CITY-ST-ZIP DESTIN FL 32541

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2569 McKinnon Bridge Rd
1.4 CITY-ST-ZIP Ponce De Leon, FL 32455

TITLE V ☐ DELETE
NAME BISKIS, GAILE
STREET ADDRESS 737 E HWY 98 SUITE 7
CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2569 McKinnon Bridge Rd
2.4 CITY-ST-ZIP Ponce De Leon, FL 32455

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Larry Butler Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-28-99 (850) 951-0150
Daytime Phone #

CR2E034 (11/98)