

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 # P95000093356 (0)

1. Corporation Name

DOMENICO'S PIZZA COMPANY, INC.



Principal Place of Business

6390 INDIANTOWN ROAD
JUPITER FL 33458

Mailing Address

6390 INDIANTOWN ROAD
JUPITER FL 33458

3. Date Incorporated or Qualified
12/07/1995

3a. Date of Last Report
INITIAL

2. Principal Place of Business

21 1420 #1 CYPRESS DRIVE
JUPITER, FL 33469

2a. Mailing Address

26 1420 #1 CYPRESS DRIVE
JUPITER, FL 33469

4. FEI Number

65-0625385

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

City & State

23 Jupiter, Florida

City & State

28 Jupiter, Florida

Zip

24 33469

Country

25 Palm Beach

Zip

29 33469

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

BASS, DONALD L
7166 SE OSPREY STREET
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name DOMENIC DEFILIPPI III
82 Street Address (P.O. Box Number is Not Acceptable)
1420 #1 CYPRESS DR.
83
84 City JUPITER FL 85 Zip Code 33469

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/21/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME DEFILIPPI, DOMENIC
STREET ADDRESS 6390 INDIANTOWN ROAD
CITY-ST-ZIP JUPITER FL 33458 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 1420 #1 CYPRESS DR.
JUPITER, FL. 33469

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/21/96

DAYTIME PHONE # 4077441094

CR2E034 (12/95)