FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P96000001395 (8)

1. Corporation Name

AH THAT'S SUB PIZZA, INC.

Principal Place of Business	Mailing Address
1028 SW SPRUCE STREET **PALM CITY FL 34990**	**1028 SW SPRUCE STREET** **PALM CITY FL 34990**

3. Date Incorporated or Qualified: **12/29/1995**	3a. Date of Last Report:
4. FEI Number: 65-0033971	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

HENRY, PAMELA J
1028 SW SPRUCE STREET
PALM CITY FL 34990

10. Name and Address of New Registered Agent

Name

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

City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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, typed or printed name and title of officer) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P, S, T, V, D
NAME	PAMELA J. HENRY
STREET ADDRESS	1028 SW Spruce St.
CITY-ST-ZIP	Palm City FL 34990
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	☐ Change ☐ Addition
ADDRESS	
CITY-ST-ZIP	
2	☐ Change ☐ Addition
ADDRESS	
CITY-ST-ZIP	
3	☐ Change ☐ Addition
ADDRESS	
CITY-ST-ZIP	
4	☐ Change ☐ Addition
ADDRESS	100001872431 -06/24/96--01018--048 ***200.00
CITY-ST-ZIP	
5	☐ Change ☐ Addition
ADDRESS	
CITY-ST-ZIP	
6	☐ Change ☐ Addition
ADDRESS	
CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: Pamela J Henry 4-29-96 (407) 288-9818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI (Date) (Daytime Telephone Number)

CR2E034 (12/95)