


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

FILED

Apr 22 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 # P96000002672			
1. Corporation Name DOUBLE TAKE PIZZA INC.			
Principal Place of Business DOUBLE TAKE PIZZA 403 N. GROVE ST. EUSTIS FL 32727		Mailing Address DOUBLE TAKE PIZZA INC. 10830 SE 52 ST BELLEVUE FL 34420	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. DOUBLE TAKE PIZZA	26. DOUBLE TAKE PIZZA INC.	JAN. 4, 1996	
22. 403 N. GROVE ST.	27. 10830 SE 52 ST	4. FEI Number	Applied For
23. EUSTIS FL	28. BELLEVUE FL.	59-3352683	Not Applicable
24. 32727	29. 34420	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. LAKE	30. MARION	<input checked="" type="checkbox"/> <input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JAMES M. LANIER 10830 SE 52 ST BELLEVUE, FL. 34420			
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: James M. Lanier Pres		DATE: 3-30-97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: PRESIDENT		1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME: JAMES M. LANIER		1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. STREET ADDRESS: 10830 SE 52 ST		1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. CITY-STATE-ZIP: BELLEVUE, FL. 34420		1.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE: <input type="checkbox"/> DELETE		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME: <input type="checkbox"/> DELETE		2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. STREET ADDRESS: <input type="checkbox"/> DELETE		2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		2.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME: <input type="checkbox"/> DELETE		3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		3.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME: <input type="checkbox"/> DELETE		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
15. STREET ADDRESS: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
16. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		4.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME: <input type="checkbox"/> DELETE		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
19. STREET ADDRESS: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
20. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		5.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
21. TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME: <input type="checkbox"/> DELETE		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
23. STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
24. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: James M. Lanier Pres JAMES M. LANIER PRES. 3-30-97-352-347-4322			

CR2E034 (9/96)