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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000010781 (8)

1. Corporation Name
SMOKY MOUNTAIN PIZZA, INC.

Principal Place of Business
2274 TONIWOOD LANE
PALM HARBOR FL 348

Mailing Address
2274 TONIWOOD LANE
PALM HARBOR FL 348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3342 S. WESTSHORE BLVD.

2a. Mailing Address
Suite, Apt. #, etc.

22 City & State
23 TAMPA, FL

24 Zip
33629

25 Country
Hills

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/31/1996

4. FEI Number

APPLIED FOR 59-33629-35

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COSTELLO, JOSEPH
2274 TONIWOOD LANE
PALM HARBOR FL 348

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME COSTELLO, JOSEPH
STREET ADDRESS 2274 TONIWOOD LANE
CITY-ST-ZIP PALM HARBOR FL 348

TITLE V
NAME DELUCIA, EUGENE R III
STREET ADDRESS 4543 SQ. MANHATTAN AVENUE
CITY-ST-ZIP TAMPA FL 33611

TITLE ST
NAME CONOVER, DAVID
STREET ADDRESS 8303 COORS PLACE
CITY-ST-ZIP TAMPA FL 33615

TITLE MATTIACCI, JOSEPH
NAME MATTIACCI, JOSEPH
STREET ADDRESS 8303 COORS PLACE
CITY-ST-ZIP TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MATTIACCI, JOSEPH
1.2 NAME 8303 COORS PLACE
1.3 STREET ADDRESS TAMPA, FL. 33615
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
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.

SIGNATURE

01/31/98 59-33629-35

CR2E034 (10/97)