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**

DOCUMENT # P9600031501 1. Corporation Name

WOLVERINE INC

FILED Feb 09, 1999 8:00am **Secretary of State** 02-09-1999 90014 031 ***150.00

	mae, mo								
Principal Plac	ce of Business	Mailing Address		·····			OSII BBIIC DAICI BBCD	8 12181 21882 BA	(t 0010) tist (00)
LITTLE CAESA	RS PIZZA	LITTLE CAESARS PIZZA							
404 S. TYNDALL PKWY.		724 W. 23RD ST.							
PANAMA CITY FL 32404		PANAMA CITY FL 32405			DO NOT WRITE IN THIS SPACE				
F;						3. Date Incorporated or Qua	ilifed		
	N 65 :	10.3439.441				04/11/1996			
— ·	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
21 Cuita Ant	#	26 Suite Ast # ata				59-3372713			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗌		Additional Required
22 City & Stat	to .	City & State				0.51-10			
·	ie.	28				6. Election Campaign Finance Trust Fund Contribution			May Be
23 Zip	Country	Zip	Co	ountry			aumont voor le		107665
24	25	29	30	,,		This corporation owes the Personal Property Tax.	· current year in	Yes	□No
24]	9. Name and Address of Curren		1901	1		10. Name and Address of N	ew Registered	·	
				81	Name		g		
HIR	MANN, SUSAN								
110	LEGEND LAKES DRIVE			82	Street Addr	ress (P.O. Box Number is Not Ac	ceptable)		
PAN	IAMA CITY BEACH FL 32411			83				63.5	1,132,131,23
								- : 7 1	
				84	City	•	FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	ites the	above-	named com	poration submits this statement fo		t changing it	s registered
	to the provisions of occitons our lose	z dila oor. 1000, i londa olak	100, 00			control outsined this statement to	i ine parpese e	i cinanging i	o egiotorou
office or a	registered agent, or both, in the State	of Florida. Such change was	authorize	ed by th	ne corporation	on's board of directors. I hereby a	accept the appo	intment as r	egistered
office or a	am familiar with, and accept the obliga	tions of, Section 607.0505, Fl	authorize orida Sta	ed by th	he corporation				egistered
office or a	am familiar with, and accept the obliga SUSAN E. Hi	tions of, Section 607.0505, Fl	orida Sta	ed by th atutes. ひ <i>ひい</i>	he corporation	Humann		intment as r 9-99	egistered
office or a agent. I a SIGNATURE	am familiar with, and accept the obligation in the state of the state	tions of, Section 607.0505, Fl TMANN nt and title if applicable. (NOT	orida Sta E: Registere	ed by the stutes. O OVV ed Agents	he corporation	Humany ad when reinstating)	J-/	9-99	
office or a agent. I a	am familiar with, and accept the obliga SUSAN E. H. Signature, typed or printed name of registered ager OFFICERS AN	tions of, Section 607.0505, Fl	orida Sta E: Registere	ed by the stutes. O OVV ed Agents	he corporation	Humann	J-/	9-99	ORS IN 12
office or agent. I a SIGNATURE 12. TITLE	am familiar with, and accept the obliga SUSQN E. H. Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 607.0505, FI (MAN) It and title if applicable. (NOT) ID DIRECTORS	E: Registere	ed by the stutes. OOV ed Agents	he corporation	Humany ad when reinstating)	J-/	9-99 ND DIRECT	ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME	am familiar with, and accept the obliga SUSQNE H Signature, typed or printed name of registered ager OFFICERS AN P HIRMANN, JOSEF	tions of, Section 607.0505, FI (MAN) It and title if applicable. (NOT) ID DIRECTORS	E: Registere 13	ed by the stutes. O OV Ved Agents TITLE NAME	he corporation	Humany ad when reinstating)	J-/	9-99 ND DIRECT	ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	am familiar with, and accept the obliga SUSQNE H Signature, typed or printed name of registered ager OFFICERS AN P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE	tions of, Section 607.0505, FI (MAN) It and title if applicable. (NOT) ID DIRECTORS	13 1.1 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	ed by the stutes. O OV Ved Agents TITLE NAME STREET A	ADDRESS	Humany ad when reinstating)	J-/	9-99 ND DIRECT	ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME	am familiar with, and accept the obliga SUSQNE H Signature, typed or printed name of registered ager OFFICERS AN P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411	tions of, Section 607.0505, FI (MAN) It and title if applicable. (NOT) ID DIRECTORS	E: Registers 13 1.1 1.21 1.3.3	ed by the stutes. O OV Ved Agents TITLE NAME	ADDRESS	Humany ad when reinstating)	J-/	9-99 ND DIRECT	ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	am familiar with, and accept the obliga SUSQNE H Signature, typed or printed name of registered ager OFFICERS AN P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 VP	tions of, Section 607.0505, FI (Many) ht and title if applicable. / (NOT) D DIRECTORS	E: Registere 13 1.1 1.21 1.33 1.40 2.1	ed by the atutes. O CVV ed Agent s ITILE NAME STREET A CITY-ST-	ADDRESS	Humany ad when reinstating)	J-/	9-99 ND DIRECT □ Change	ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	am familiar with, and accept the obliga SUSQNE H Signature, typed or printed name of registered ager OFFICERS AN P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 VP EPDING, JEFF	tions of, Section 607.0505, FI (Many) ht and title if applicable. / (NOT) D DIRECTORS	13 1.1 1.2 1.3 1.40 2.1	ed by the atutes. O OV Ved Agent s TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS	Humany ad when reinstating)	J-/	9-99 ND DIRECT □ Change	ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	am familiar with, and accept the obliga SUSQNE H Signature, typed or printed name of registered ager OFFICERS AN P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 VP EPDING, JEFF 724 W. 23RD STREET	tions of, Section 607.0505, FI (Many) ht and title if applicable. / (NOT) D DIRECTORS	E: Registere 13 1.1: 1.2: 1.3: 1.4: 2.2: 2.3:	ed by the atutes. O OV Good Agents TITLE NAME STREET A CITY-ST-: TITLE NAME STREET A	ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9-99 ND DIRECT □ Change	ORS IN 12
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	am familiar with, and accept the obliga SUSQNE H SIgnature, typed or printed name of registered ager OFFICERS AN P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 VP EPDING, JEFF 724 W. 23RD STREET PANAMA CITY FL 32405	tions of, Section 607.0505, FI (Many) ht and title if applicable. / (NOT) D DIRECTORS	E: Registere 13 1.1 1.2 1.3 1.4 2.1 2.21 2.33 2.4	ed by the atutes. O OV Ved Agent s TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9-99 ND DIRECT □ Change	ORS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	am familiar with, and accept the obligation of t	tions of, Section 607.0505, FI (M & N V) Int and title if applicable. / (NOT) ID DIRECTORS DELETE	E: Registere 13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11	ed by the atutes. O COVE of Agents B. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE	ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9 — 9 9 ND DIRECT □ Change	ORS IN 12 Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	am familiar with, and accept the obliga SUSQNE H Signature, byped or printed name of registered ager OFFICERS AN P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 VP EPDING, JEFF 724 W. 23RD STREET PANAMA CITY FL 32405 T HIRMANN, SUSAN	tions of, Section 607.0505, FI (M & N V) Int and title if applicable. / (NOT) ID DIRECTORS DELETE	E: Registere 13 1.11 1.21 1.33 1.44 2.11 2.24 2.33 2.4 3.17 3.21	ed by the state of	ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9 — 9 9 ND DIRECT □ Change	ORS IN 12 Addition
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	am familiar with, and accept the obliga SUSQNE H Signature, byped or printed name of registered ager OFFICERS AN P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 VP EPDING, JEFF 724 W. 23RD STREET PANAMA CITY FL 32405 T HIRMANN, SUSAN 110 LEGEND LAKES DRIVE	tions of, Section 607.0505, FI (M & N V) Int and title if applicable. / (NOT) ID DIRECTORS DELETE	E: Registere 13 1.1' 1.2' 1.33 1.40 2.1' 2.21 2.33 2.4 3.17 3.21 3.35	ed by the atutes. O OV ed Agent s TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A STREET A	ADDRESS ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9 — 9 9 ND DIRECT □ Change	ORS IN 12 Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 VP EPDING, JEFF 724 W. 23RD STREET PANAMA CITY FL 32405 T HIRMANN, SUSAN 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411	tions of, Section 607.0505, FI (M (N ()) Int and title if applicable. / (NOT ID DIRECTORS DELETE DELETE	E: Registere 13 1.1' 1.2' 1.3' 1.40 2.1' 2.21 2.33 2.4 3.17 3.21 3.33 3.4.	ed by the atutes. O CV V on Agent s TITLE NAME STREET A CITY-ST-	ADDRESS ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9 – 9 9 ND DIRECT Change	ORS IN 12 Addition Addition
office or a agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	m familiar with, and accept the obligation of th	tions of, Section 607.0505, FI (M & N V) Int and title if applicable. / (NOT) ID DIRECTORS DELETE	E: Registere 13 1.1: 1.2: 1.33 1.4.1 2.1: 2.24 3.1.1 3.2: 3.3.4 4.1.1	ed by the atutes. O CVV od Agent s TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE	ADDRESS ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9 – 9 9 ND DIRECT Change	ORS IN 12 Addition
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 VP EPDING, JEFF 724 W. 23RD STREET PANAMA CITY FL 32405 T HIRMANN, SUSAN 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 S EPDING, DEBORAH	tions of, Section 607.0505, FI (M (N ()) Int and title if applicable. / (NOT ID DIRECTORS DELETE DELETE	E: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.4 4.1 4.2	ed by the atutes. O CUV ed Agent s TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9 – 9 9 ND DIRECT Change	ORS IN 12 Addition Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Am familiar with, and accept the obligation of the control of the	tions of, Section 607.0505, FI (M (N ()) Int and title if applicable. / (NOT ID DIRECTORS DELETE DELETE	E: Registere 13 1.1 1.2 1.3 1.4 2.1 2.21 2.3 2.4 3.1 3.3 3.4 4.1 4.2 4.3 8	ed by the atutes. COV ed Agent s TITLE NAME STREET A CITY-ST TITLE NAME STREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9 – 9 9 ND DIRECT Change	ORS IN 12 Addition Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRMANN, JOSEF 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 VP EPDING, JEFF 724 W. 23RD STREET PANAMA CITY FL 32405 T HIRMANN, SUSAN 110 LEGEND LAKES DRIVE PANAMA CITY FL 32411 S EPDING, DEBORAH	tions of, Section 607.0505, FI (Many) nt and title if applicable. / (NOT D DIRECTORS DELETE DELETE	E: Registere 13 1.1 1.2 1.3 1.4 2.1 2.21 2.3 2.4 3.11 3.21 4.3 3.4 4.11 4.2 4.3 4.44	ed by the atutes. COV ed Agent s. TITLE NAME STREET A CITY-ST CITY-ST CITY-ST CITY-ST	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9 — 9 9 ND DIRECT Change Change	ORS IN 12 Addition Addition Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Am familiar with, and accept the obligation of the control of the	tions of, Section 607.0505, FI (M (N ()) Int and title if applicable. / (NOT ID DIRECTORS DELETE DELETE	E: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.4 4.1 4.2 4.3 4.4 5.1.1	ed by the atutes. COV ed Agent s TITLE NAME STREET A CITY-ST-: TITLE NAME STREET A CITY-ST- TITLE NAME STREET A STREET A STREET A STREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Humany ad when reinstating)	J-/	9 – 9 9 ND DIRECT Change	ORS IN 12 Addition Addition Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Am familiar with, and accept the obligation of the control of the	tions of, Section 607.0505, FI (Many) nt and title if applicable. / (NOT D DIRECTORS DELETE DELETE	E: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.2 4.3 4.4 5.1 5.2 1	ed by the atutes. O CUV ed Agent s TITLE NAME STREET A CITY-ST- TITLE NAME NAME NAME STREET A CITY-ST- TITLE NAME NAME NAME NAME NAME	ADDRESS	Humany ad when reinstating)	J-/	9 — 9 9 ND DIRECT Change Change	ORS IN 12 Addition Addition Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Am familiar with, and accept the obligation of the control of the	tions of, Section 607.0505, FI (Many) nt and title if applicable. / (NOT D DIRECTORS DELETE DELETE	E: Registere 13 1.1 1.2 1.3 1.4 2.1 2.21 2.3 2.4 3.1 3.21 3.3 3.4 4.1 4.2 4.3 4.4 5.11 5.21 5.33	ed by the atutes. COV ed Agent s. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A STREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	Humany ad when reinstating)	J-/	9 — 9 9 ND DIRECT Change Change	ORS IN 12 Addition Addition Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Am familiar with, and accept the obligation of the control of the	tions of, Section 607.0505, FI (Many) Int and title if applicable. / (NOT) ID DIRECTORS DELETE DELETE DELETE	E: Registere 13 1.1 1.2 1.3 1.4 2.1 2.21 2.3 2.4 3.1 3.21 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.4 6.4 6.4 6.4 6.4 6.4 6.4 6.4 6.4 6	ed by the atutes. O CUV ed Agent s TITLE NAME STREET A CITY-ST- TITLE NAME NAME NAME STREET A CITY-ST- TITLE NAME NAME NAME NAME NAME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	Humany ad when reinstating)	J-/	9 — 9 9 ND DIRECT □ Change □ Change	ORS IN 12 Addition Addition Addition Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Am familiar with, and accept the obligation of the control of the	tions of, Section 607.0505, FI (Many) nt and title if applicable. / (NOT D DIRECTORS DELETE DELETE	E: Registere 13 1.1 1.2 1.3 1.4 2.1 2.3 2.4 3.1 3.2 4.3 3.4 4.1 4.2 4.3 4.4 5.11 5.2 6.6 6.1	ed by the atutes. O CUV ed Agent's TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	Humany ad when reinstating)	J-/	9 — 9 9 ND DIRECT Change Change	ORS IN 12 Addition Addition Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Am familiar with, and accept the obligation of the control of the	tions of, Section 607.0505, FI (Many) Int and title if applicable. / (NOT) ID DIRECTORS DELETE DELETE DELETE	E: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.17 3.2 4.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 6.1 6.2 6.1 6.2	ed by the atutes. COV ed Agent so. TITLE NAME STREET A CITY-ST- TITLE	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	Humany ad when reinstating)	J-/	9 — 9 9 ND DIRECT □ Change □ Change	ORS IN 12 Addition Addition Addition Addition

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 chapged, or on an attachment with an address, with all other like empowered.