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FILED

Apr 17 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 # P96000034363 (7)

1. Corporation Name
TIGER PIZZA, INC.



Principal Place of Business

Mailing Address

6003 ROOSEVELT BLVD
#6
JACKSONVILLE FL 32244
US

24485 HARBOUR VIEW DR
PONTE VEDRA BCH FL 32082
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1996

4. FEI Number

59-3383003

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKWELL, STUART
8758 ROLLING BROOK LANE
JACKSONVILLE FL 32256

81 Name

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

24485 Harbour View Dr.

83

84 City

Ponte Vedra Bch

FL

85 Zip Code

32082

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BLACKWELL, STUART
STREET ADDRESS 24485 HARBOUR VIEW DR
CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ DELETE

11 TITLE
12 NAME ☐ Change ☐ Addition
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VP
NAME BONANNO, JOSEPH
STREET ADDRESS 7044 SILVER LAKE TERRACE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

21 TITLE
22 NAME ☐ Change ☐ Addition
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE S
NAME COOK, JOHN
STREET ADDRESS 11509 SILVER OAK LANE
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Stuart Blackwell

4/14/98

904-273-1052

CR2E034 (10/97)