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Jan 30 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 # P96000041752 (2)

1. Corporation Name

RIVERSIDE PIZZA, INC.

Principal Place of Business

2677 TRAMORE PLACE
ORANGE PARK FL 32065

Mailing Address

2677 TRAMORE PLACE
ORANGE PARK FL 32065-6706

3. Date Incorporated or Qualified

05/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEAR, ROBERT L
2600 MCCORMICK DRIVE
SUITE 230
CLEARWATER FL 34619

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 in printed name of registered agent and filed applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

GERMAIN, GERALD V

STREET ADDRESS

2677 TRAMORE PLACE

CITY-ST-ZIP

ORANGE PARK FL 32065

TITLE

VD

☐ DELETE

NAME

SMITH, CHRISTOPHER A

STREET ADDRESS

2677 TRAMORE PLACE

CITY-ST-ZIP

ORANGE PARK FL 32065

TITLE

TD

☐ DELETE

NAME

HANINGTON, CHARLES E

STREET ADDRESS

2677 TRAMORE PLACE

CITY-ST-ZIP

ORANGE PARK FL 32065

TITLE

SD

☐ DELETE

NAME

GERMAIN, MICHELE P

STREET ADDRESS

2677 TRAMORE PLACE

CITY-ST-ZIP

ORANGE PARK FL 32065

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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22 NAME

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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:

Gerald V. Germain

Gerald V. Germain

01/10/1997

904-276-8003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0472

0014761

CR2E034 (9/96)