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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041752

1. Corporation Name

RIVERSIDE PIZZA, INC.

Principal Place	e of Business	Mailing Address				£ Idaliant un intin flitt farts an.			-	
4162 HERSCHEI	L	2677 TRAMORE PLACE				Ī				
JACKSONVILLE FL 32210		ORANGE PARK FL 32065			DO NOT WRITE IN THIS SPACE					
US						3. Date Incorporated or Qualifed	IE IN I HIS	SPACE		٦
						05/15/1996				l
<u> </u>	1	2a. Mailing Address				4. FEI Number			Applied For	┪
	face of Business	H						-	Not Applicable	
21 Suita Ant	# -1-	Suite Ant # etc				59-3379793		\$8.7	75 Additional	┪
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			e Required	Į	
City & Stat	~	City & State				a Floation Compaign Financing			00 May Be	۲
City & State		28			1 - 1			ded to Fees		
Zip	Country	Zip	Co	ountry		8. This corporation owes the curr	ent vear Inta			٦
24	25	29	30	•		Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	□No	
	9. Name and Address of Curre					10. Name and Address of New F	Registered	Agent		
	<u> </u>	<u> </u>		81	Name					
SHE	ar, robert l				01 -1 4 11	CO D N. N. Assessed				\dashv
2600	MCCORMICK DRIVE			82	Street Add	ress (P.O. Box Number is Not Accepte	aole)			١
SUIT	E 230			83						
CLEA	ARWATER FL 34619							laal :	Zin Codo	\dashv
				84	City		FL	85	Zip Code	ļ
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the	above	-named corp	poration submits this statement for the	purpose of	changin	g its registered	Π
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office or r	egistered agent or both in the State	e of Florida. Such change wa	s authorize	ea by t	the corporati	ion's board of directors. I hereby accep	pt the appoi	ininent e	is registered	
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	e of Florida. Such change wa	s authorize	ea by t	the corporati	ion's board of directors. I hereby accep	pt the appoi	iniiieiii e	is registered	
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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, with all other like empowered.

R 1 TITLE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ OELETE

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition