

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90145 009 ***150.00

DOCUMENT # P96000053166

1. Corporation Name

R & T PIZZA MANAGEMENT #2, INC.

Principal Place of Business

1558 LAKE TRAFFORD RD
IMMOKALEE FL 34142
US

Mailing Address

623 104TH AVE N
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

65-0677607

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 34108

2a. Mailing Address

26 623 104TH AVE. N.

27 Suite, Apt. #, etc.

28 City & State

28 NAPLES, FL

29 Zip Country

9. Name and Address of Current Registered Agent

MOORE, ROBERT J
623 104TH AVE N
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name MOORE, ROBERT J
82 Street Address (P.O. Box Number is Not Acceptable)
623 104TH AVENUE NORTH
83
84 City NAPLES FL 85 Zip Code 34108

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]* 4-22-99

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 VP
NAME COMERIATO, ANTHONY J
STREET ADDRESS 2898 FOUNTAINVIEW CIR, #1
CITY-ST-ZIP NAPLES FL 34109

TITLE P
NAME MOORE, ROBERT J
STREET ADDRESS 623 104TH AVE N
CITY-ST-ZIP NAPLES FL 34108

TITLE S
NAME MOORE, DEBORAH
STREET ADDRESS 623 104TH AVE N
CITY-ST-ZIP NAPLES FL 34108

TITLE T
NAME COMERIATO, JANET
STREET ADDRESS 2698 FOUNTAINVIEW CIR
CITY-ST-ZIP NAPLES FL 34109

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 VP
1.2 NAME COMERIATO, ANTHONY J
1.3 STREET ADDRESS 41 MENTOR DRIVE
1.4 CITY-ST-ZIP NAPLES, FL 34110

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 T
4.2 NAME COMERIATO, JANET
4.3 STREET ADDRESS 41 MENTOR DRIVE
4.4 CITY-ST-ZIP NAPLES, FL 34110

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, with all other like empowered.

SIGNATURE: *[Signature]* 4-22-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)