## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000054159 (4)

**GREGORY T'S PIZZA & SUBS. INCORPORATED** 

Principal Place of Business Mailing Address 1901 WEST BAY DRIVE 1901 WEST BAY DRIVE UNIT 1A & 2A LARGO FL 33770 UNIT 1A & 2A LARGO FL 33770-3052 3a. Date of Last Report 3. Date Incorporated or Qualified 06/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 390 Larch 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc 22 City & State City & State

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29 33770

9. Name and Address of Current Registered Agent FERNALD, GARY M 501 S. FT. HARRISION SUITE ONE **CLEARWATER FL 34616** 

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CITY-\$7-ZIP

		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
-L		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
intry	s.A.	This corporation has liability for Florida Statutes  10. Name and Address of New Re	] Yes	No.			
81	Name	10, Name and Address of New Ac	Bistolec	Agent			
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84	City			85 Zin Code			

**FILED** 

May 02 1997 8:00am

Secretary of State

Applied For

Not Applicable

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 re agent. I a	egistered agent, or both, in the State of F m familiar with, and accept the obligation	Torida, Such change was au ns of, Section 607,0505, Flor	ithorized by the corporal ida Statutes.	tion's board of directors. I hereby accept the ap	pointment as i	registered
SIGNATURE	Signature, typed or printed name of registered agent an	dette Langiantia (NOTE)	Registered Agent signature requi	red when reinstating) DATE		
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE		Change	☐ Addition
NAME	TAYLOR, GREGORY W		1.2 NAME			
STREET ADDRESS	390 LARCHWOOD DRIVE		13 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 34640		14 CiTY-ST-7IP			
TITLE	D	☐ DELETE	21 TITLE		Change	Addition
NAME	TAYLOR, PATRICIA J		22 NAME			
STREET ADDRESS	390 LARCHWOOD DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 34640		2 4 CHY+ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZiP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-\$T-ZIP			5.4 CHY-S1-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 of 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.