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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059749 (7)

PLANET PIZZA OF SEMINOLE, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



14100 Walsingham Road Seminole FL 33772		14100 WALSINGHAM ROAD SEMINOLE FL 33774-3248					
ue in ei de					3. Date Incorporated or Qualified 07/16/1996	3a. Date of L	ast Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26			4. FEI Number 59-5388515		Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7ip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
AME	RILAWYER CHARTERED			81 Name			
343 ALMERIA AVENUE CORAL GABLES FL 33134				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 or printed name of registered age	oot and title if applicable (NO	TL: Registere	d Agent signature req	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12
TITLE	PD"	☐ DELETE	1.1 TI	TLE		☐ Ch	ange 🔲 Addition
NAME	COUGHLAN, JOHN B III		1.2 N	AME .			7
STREET ADDRESS	14100 WALSINGHAM ROAD		1.3 \$1	REET ADDRESS			ļ
CITY-ST-ZIP			1.4 CI	TY-ST-ZIP		· <u> </u>	
TITLE	· -		2.1 11			∐ Ch	ange [_] Addition
NAME	DUNN, CURT W		2.2 N				ļ
STREET ADDRESS	14100 WALSINGHAM ROAD			REET ADDRESS			į
CITY-ST-ZIP TITLE	SEMINOLE FL 33772			ITY-ST-ZIP		Псь	ange Addition
			3.1 TI				nige
NAME Street adoress			3.2 N/				ļ
CITY-ST-ZIP				REFT ADDRESS ITY-ST-ZIP			
TITLE			4.1 TI			[] Ch	ange Addition
NAME		-	4.2 N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-7IP			
TITLE		DELETE	5 1 Ti			Ch	ange Addition
NAME I	•		5.2 N/	AME			
STREET ADDRESS	•		5 3 51	REET ADDRESS			
CITY-ST-ZIP			54 CI	TY-\$T-ZiP			
TITLE		☐ DETELE	61 TI	LE		☐ Ch	ange Addition
NAME			62 N/	ME			
STREET ADDRESS			6351	REET ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-S1-ZiP			

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 eath; 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 of chapter 607, Florida Statutes; and that my name