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May 12 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 # P96000087864 (0)

1. Corporation Name

MRS. MCCORVEY'S NEIGHBORHOOD PIE SHOPS INTERNATI
ONAL, INC.

Principal Place of Business

149 WEKIVA SPRINGS ROAD
LONGWOOD FL 32728

Mailing Address

149 WEKIVA SPRINGS ROAD
LONGWOOD FL 32778-3603

2. Principal Place of Business

21 355 E. ALTAMONTE DR.

22 Suite Apt. #, etc.
1700

City & State

23 ALTAMONTE SPRINGS, FL

24 Zip
32701

Country

25 SEMINOLE

2a. Mailing Address

26 355 E. ALTAMONTE DR.

27 Suite Apt. #, etc.
1700

City & State

28 ALTAMONTE SPRINGS, FL

29 Zip
32701

Country

30 SEMINOLE

9. Name and Address of Current Registered Agent

PARATHANASOPOULOS, GUS
149 WEKIVA SPRINGS ROAD
LONGWOOD FL 32778

3. Date Incorporated or Qualified

10/24/1996

3a. Date of Last Report

4. FEI Number

59-3413155

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name GUS PAPATHANASOPOULOS

82 Street Address (P.O. Box Number is Not Acceptable)

496 NEW HOPE DR.

83

84 City

ALTAMONTE SPRINGS FL

85 Zip Code

32714

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

Gus Papathanasopoulos

4/27/97

Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CHAIRMAN/PRESIDENT ☐ DELETE

NAME GUS PAPATHANASOPOULOS

STREET ADDRESS 496 NEW HOPE DR.

CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE SECRETARY ☐ DELETE

NAME MONICA MEDITZ

STREET ADDRESS 496 NEW HOPE DR.

CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Gus Papathanasopoulos

Gus PAPATHANASOPOULOS 4/27/97 (407)834 7437

Date

Daytime Phone #

CR2E034 (9/96)