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FILED

Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000089587 (5)

1. Corporation Name  
BVL PIZZA, INC.

Principal Place of Business

Mailing Address

5945 HWY 17/82  
DAVENPORT FL 33837  
US

3710 NEW TAMPA HWY  
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

65-0708044

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, BARRY W  
60 SECOND ST, SE  
WINTER HAVEN FL 33880

81 Name

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME ROEHRIG, THOMAS J  
STREET ADDRESS 8625 WINTERSET GARDENS RD  
CITY-ST-ZIP WINTER HAVEN FL 33884

1.1 TITLE PRESIDENT + SECRETARY ☒ Change ☐ Addition  
1.2 NAME DAVID T. ROEHRIG  
1.3 STREET ADDRESS 1949 BISHOPS GATE SW  
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE D ☐ DELETE  
NAME ROEHRIG, BRIAN E  
STREET ADDRESS 819 SAN JOSE CT  
CITY-ST-ZIP POINCIANA FL 34758

2.1 TITLE VICE PRESIDENT + TREASURER ☒ Change ☐ Addition  
2.2 NAME BRIAN E. ROEHRIG  
2.3 STREET ADDRESS 6625 WINTERSET GARDENS RD.  
2.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D ☐ DELETE  
NAME ROEHRIG, DAVIE T  
STREET ADDRESS 1949 BISHOPS GATE, SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE: DAVID T. ROEHRIG

4/15/98 (941683-4252)

CFR2E034 (10/97)