

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

FILED
May 05 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 # P96000098752 (4)

1. Corporation Name
MIDNIGHT PIZZA COMPANY, INC.



Principal Place of Business

Mailing Address

~~41804 LOCKHART ROAD~~
~~DADE CITY FL~~

~~21004 LOCKHART ROAD~~
~~DADE CITY FL 33523-0488~~

RT. 2 BOX 6006
LAKE CITY, FL. 32024

RT 2 BOX 6006
LAKE CITY, FL. 32024

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified

3a. Date of Last Report

12/02/1996

4. FEI Number

Applied For

59-3420686

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORROW, HAROLD W
21004 LOCKHART ROAD
DADE CITY FL

81 Name SHELBY STRICKLAND

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

RT 2 BOX 120

83

84 City MAYO, FL.

FL

85 Zip Code 32066

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 Shelby Strickland

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

Shelby Strickland

(NOTE: Registered Agent signature required when reinstating)

4-24-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME STRICKLAND, SHELBY
STREET ADDRESS ROUTE 2, BOX 120
CITY-ST-ZIP MAYO FL

☐ DELETE

TITLE VDS
NAME SPECTOR, JOSE
STREET ADDRESS ROUTE 3, BOX 172
CITY-ST-ZIP LAKE CITY FL

☐ DELETE

TITLE SD
NAME MORROW, HAROLD W
STREET ADDRESS 21004 LOCKHART ROAD
CITY-ST-ZIP DADE CITY FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Shelby Strickland

CR2E034 (9/96)