

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

FILED
May 01 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 # **P97000000336 (2)**

1. Corporation Name

SOUTHWEST FLORIDA GULF PIZZA INVESTMENT, INC.

Principal Place of Business

**1111 THIRD AVENUE WEST
SUITE 300
BRANDON FL 34205**

Mailing Address

**1111 THIRD AVENUE WEST
SUITE 300
BRANDON FL 34205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

65-0740070

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 4600 Bayline Dr.

Suite, Apt. #, etc.

22

City & State

23 N. Ft. Myers FL

Zip

24 33917

Country

25 US

2a. Mailing Address

26 P.O. Box 746

Suite, Apt. #, etc.

27

City & State

28 Estero FL

Zip

29 33928

Country

30 U.S.

9. Name and Address of Current Registered Agent

**PRATHER, ALAN H ESQ.
1111 THIRD AVENUE WEST
SUITE 300
BRANDON FL 34205**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **Bradenton**

FL

85 Zip Code

34205

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

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