

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90192 020 \*\*\*150.00

DOCUMENT # P97000000336

1. Corporation Name

SOUTHWEST FLORIDA GULF PIZZA INVESTMENT, INC.

Principal Place of Business

4600 BAYLINE DRIVE  
N. FT. MYERS FL 33917  
US

Mailing Address

P.O. BOX 746  
ESTERO FL 33928  
US

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

TITLE ☐ DELETE  
NAME TAYLOR, MICHAEL G.  
STREET ADDRESS 4600 BAYLINE DRIVE  
CITY-ST-ZIP N. FT. MYERS FL 33917

TITLE ☐ DELETE  
NAME PRATHER, ALAN HARDY  
STREET ADDRESS 1111 3RD AVE W. #300  
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ DELETE  
NAME PRATHER, BEVERLY A.  
STREET ADDRESS 1111 3RD AVE W #300  
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ DELETE  
NAME TAYLOR, JENNIFER N.  
STREET ADDRESS 4600 BAYLINE DRIVE  
CITY-ST-ZIP N. FT. MYERS FL 33917

TITLE ☐ DELETE  
NAME MOUNTAIN, JOHN  
STREET ADDRESS 4600 BAYLINE DRIVE  
CITY-ST-ZIP N. FT. MYERS FL 33917

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE: Jennifer N. Taylor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/29/99  
Daytime Phone # 941-590-0496

CR2E034 (1/98)

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