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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003628 (9)

J-BIRD'S PIZZERIA CO.

Principal Place of Business Mailing Address
156 N. PARSONS AVE. 413 BENSON ST

FILED
May 21 1998 8:00am
Secretary of State

- 1 00 \$140 \$1 310 1\$113 1\$811 \$\$11	<b>68</b> 54 6814 <b>66</b> 144 <b>68364</b>	11110 Wilde 16001 (DE) 1031

413 BENSON ST. BRANDON FL 33510 VALRICO FL 33594 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FARRELL, GERALD J 413 BENSON ST. Street Address (P.O. Box Number is Not Acceptable) 82 VALRICO FL 33594 City 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 political mains of registered agent aerd title if applicable (NOTI Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE FARRELL, GERALD NAME 1.2 NAME 413 BENSON ST. STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP 1.4 CITY-ST-ZIP \_\_ DELETE Change Addition TITLE 21 TITLE NAME FARRELL, MEUSSA 22 NAME STREET ADDRESS 413 BENSON ST. 2.3 STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change TITLE 61 TITLE 400002532534 -05/22/98--01010--008 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP

14. Thereby 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 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 withyon address.

SIGNATURE: V Milliago Ferrill