FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT CITATE

Sandra B. Morths

Secretary of State DIVISION OF CORPORADNS

DOCUMENT # P97000023588 (1)

25TH AVE PIZZA, INC.

Principal Place of Business	Mailing Address		
2375 NE 25TH AVE.	2375 NE 25TH AVE.		
OCALA FL 34470	OCALA FL 34470		

FILED Apr 06 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			296 (()@) @1161 (9151 (411 (521	
2375 NE 25TH AVE. 2375 NE 25TH AVE.						
OCALA FL 3	4470	OCALA FL 34470		DO NOT WRITE IN THIS	S SPACE	
				3. Date Incorporated or Qualified	7017101	
j				03/14/1997		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number .	Applied For	
21		26		59-341-6245	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 28		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coun _/	8. This corporation owes or has paid the c		
24		29	30	Personal Property Tax due June 30.	Yes 🗷 No	
	9, Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered	d Agent	
	GER, STEPHEN C		₹ Name			
	2452 NE 3RD ST			Street Address (P.O. Box Number is Not Acceptable)		
00	OCALA FL 34470					
			11			
			City		85 Zip Code	
-24 6				F	L.,	
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Stat ate of Florida. Such change wa	lutes, the abje-named or s authorized withe corno	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered	
agent. I a	ım familiar with, and accept the ob-	ligations of, Section 607.0505,	Florida Status	nation of pour of directors. Thorough account the ap	spontine at regionered	
SIGNATURE	 					
12.	Signature, typed or printed name of registered	agent and little if applicable. (N AND DIRECTORS		equired when reinstating) DATE	ID DIDECTORS IN 10	
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	GILLESPIE, STEPHEN J		1,2 NAI			
STREET ADDRESS	3160 NE 44TH PLACE		1.3 STR ADDRESS			
CITY-ST-ZIP	OCALA FL 34479					
TITLE	D	DELETE	1.4 CIT 1 - ZIP 2.1 TIT	1.7	Change Addition	
NAME	GILLESPIE, KAREN E		2.2 NAI			
STREET ADDRESS	3160 NE 44TH PLACE		2.3 STF ADDRESS			
CITY-ST-ZIP	OCALA FL 34479		2. 4 CIT ST-ZIP			
TITLE		DELETE	3.1 TITL		Change Addition	
NAME			3.2 NAA		- - -	
STREET ADDRESS			3.3 STRU ADORESS			
CITY-ST-ZIP			3.4. CITYST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STREE ADDRESS			
CITY-ST-ZIP			4.4 CITY ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE ADDRESS			
CITY-ST-ZIP			6.4 CITY-\$T-ZIP			
10 11		 , , 	0.4 GH1 ->1-ZIP			

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 tlat 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.

Stohan Gillespe

2/2/98