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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthage

Secretary di State DIVISION OF CORPORATIONS

DOCUMENT # P97000036746 (0)

BOFFOLI'S "BILL'S PIZZA JOINT", INC.

Principal Place of Business Mailing Address 1492 LENNARD ROAD 1492 LENNARD ROAD PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3451158 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BOFFOLI, WILLIAM 1492 LENNARD ROAD Street Address (P.O. Box Number is Not Acceptable) 82 PORT ST. LUCIE FL 34952 83 84 City 85 Zip Code FL 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, typod or printed name of registered agent and title if applicable (NO1£: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change BOFFOLI, WILLIAM NAME 1.2 NAME 1492 LENNARD ROAD STREET ADORESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34952 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 THLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME

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 suppliemental 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 of the receiver or truetes any ownered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or one an apacitive of the corporation of the 3/16/98 SIGNATURE:

6.3 STREET ADDRESS

CRZE034 (10/97

FILED

Apr 17 1998 8:00am

Secretary of State