## 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 # P97000038192 (5)

ROYAL HOAGIE SHOP, INC.

## FILED May 19 1998 8:00am Secretary of State

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	ce of Business	Mailing Address			***************************************	7 100MA 181M1 61M1M 6M1M (1M1 1M1	11
\$200 CENTRAL AVENUE 5200 CENTRAL AVENUE ST PETERSBURG FL 33707 ST PETERSBURG FL 33707			^-				
			U7		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					04/29/1997		
	Place of Business	2a. Mailing Address			4. FEI Number	Applied Fo	or
21 1630 n.m. 350uri Ave 26 Suite, Apt. #, etc.					57-347 05 13	Not Applic	
22				L 5. CAMBICATA OF STATUS DESIGNED 1. 1. 1. 1. 1.		\$8.75 Additions Fee Regulard	al
City & Sta		City & State			6. Election Campaign Financing	\$5.00 May Be	
23 harap 28						Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the	current year Intangible	$\neg$
24 <u>337</u> ^	10 25 Pinellas	29	30		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Register	ed Agent	
	RAHAM, PETER D		[8]	name			
	00 <b>Ce</b> ntral avenue * <b>Pete</b> rsburg FL 33707		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
ŞI	PETENSOUNG PL 33/0/		83				$\dashv$
			84	City	F	85 Zip Code	
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State	and 607.1508, Florida Statute of Florida, Such change was a	es, the above outhorized b	e-named cor y the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the		ered
agent. I a	am f <b>am</b> iliar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statute	S.		,,,	
SIGNATURE	Signature, typed or printed name of registered again	ONCOLE CHILD If applicable ANCOLE	- Floristered An	onl rional re sec	uired when reinstating) DAT		
12.	OFFICERS AND		13.	en signature teqt	ADDITIONS/CHANGES TO OFFICERS A	-	<u>[</u>
TITLE	D	DELETE	1.1 TITLE			☐ Change ☐ Add	
NAME	GRAHAM, PETER D	1,2 NA					3
STREET ADORESS	5200 CENTRAL AVENUE	1.3 \$1		F ADDRESS			
CITY-ST-ZIP	\$T PETERSBURG FL 33707			ST-ZIP			Š
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NAME			22 NAME				
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NAME			3.2 NAME			Li Cridiige Li Auc	ויטווונ
STREET ADDRESS	·		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY				
TITLE			4.1 TITLE			Change Add	dition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
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NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET				ŀ
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NAME		☐ DEFC!E	6.1 TITLE			Change Add	naibh
STREET ADDRESS			6.2 NAME	*DODECC			
CITY-ST-ZIP			6.3 STREET				
	certify that the information supplied with	n this filing does not qualify for	64 CITY-S		Section 119.07(3)(i) Florida Statutes I further	certify that the informat	lion

I. 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 trusted 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.

CICNATURE.

Louise Col

& Louise Call

5-1 -98

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