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

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90090 023 ****150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **P97000046719**

1. Corporation Name
PUNTA GORDA PIZZA, INC.

Principal Place of Business	Mailing Address
615 CROSS STREET UNIT 1105 PUNTA GORDA FL 33950	615 CROSS STREET UNIT 1105 PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 05/27/1997

4. FEI Number: 65-0757655 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

LAROCK, THOMAS
615 CROSS STREET
UNIT 1105
PUNTA GORDA FL 33950

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAROCK, THOMAS	1.2 NAME	
STREET ADDRESS	4468 LARKSPUR CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	1.4 CITY-ST-ZIP	
TITLE	V/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEGEDUS, ROBERT	2.2 NAME	
STREET ADDRESS	4148 CHIFFON LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	2.4 CITY-ST-ZIP	
TITLE	V/D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, KEVIN	3.2 NAME	
STREET ADDRESS	6989 SEMINOLE, UNIT 6	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	3.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, DON	4.2 NAME	
STREET ADDRESS	4112 BEE RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	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 STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED Robert Hegedus 01/07/1999 941-493-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)