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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90191 042 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000057457

1. Corporation Name
PERRY PIZZA, INC.

Principal Place of Business
 2057 S. BYRON BUTLER PARKWAY. #21
 PERRY FL 32347

Mailing Address
 2057 S. BYRON BUTLER PARKWAY. #21
 PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1997

4. FEI Number
59-3454960

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **2953 Country Ridge Lane**
 Suite, Apt. #, etc.

22 City & State

27 **Lakeland, Fl.**

23 Zip Country

28 **33801** Country

5. Certificate 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

10. Name and Address of New Registered Agent

SCHROEDER, MARK
 2057 S. BYRON BUTLER PKWY., #21
 PERRY FL 32347

81 Name **Satterly DAVID D.**
 82 Street Address (P.O. Box Number is Not Acceptable)
3221 Crystal Hills Loop S.
 83
 84 City **Lakeland** FL 85 Zip Code **33801**

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 *David D. Satterly*

DATE **4-29-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHROEDER, MARK	
STREET ADDRESS	2953 COUNTRY RIDGE LN.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHROEDER, DAVID	
STREET ADDRESS	2953 COUNTRY RIDGE LN.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHROEDER, KEITH	
STREET ADDRESS	2953 COUNTRY RIDGE LN.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SCHROEDER, LINDA	
STREET ADDRESS	2953 COUNTRY RIDGE LN.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *Mark Schroeder* SIGNATURE *MARK SCHROEDER* 4-28 '99 941-666-9489
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)