

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90191 042 ***150.00

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

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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 DANA 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 Dana D. Satterly
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SCHROEDER, MARK
STREET ADDRESS 2953 COUNTRY RIDGE LN.
CITY-ST-ZIP LAKELAND FL 33801

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME SCHROEDER, DAVID
STREET ADDRESS 2953 COUNTRY RIDGE LN.
CITY-ST-ZIP LAKELAND FL 33801

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV
NAME SCHROEDER, KEITH
STREET ADDRESS 2953 COUNTRY RIDGE LN.
CITY-ST-ZIP LAKELAND FL 33801

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DST
NAME SCHROEDER, LINDA
STREET ADDRESS 2953 COUNTRY RIDGE LN.
CITY-ST-ZIP LAKELAND FL 33801

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 4-28-99 941-666-9489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)