

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 04, 1999 8:00 am  
Secretary of State

05-04-1999 90068 035 \*\*\*150.00

DOCUMENT # P97000074653 ✓

1. Corporation Name

D & J COLLIER PIZZA, INC.

Principal Place of Business

2620 9TH ST. NORTH  
NAPLES, FL 34103

Mailing Address

2620 9TH ST. NORTH  
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

59-3463829

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

21 3861 EAST TAMiami TR

Suite, Apt. #, etc.

22 UNIT 116

City & State

23 NAPLES, FL

Zip

24 34112

Country

2a. Mailing Address

26 3861 EAST TAMiami TR

Suite, Apt. #, etc.

27 UNIT 116

City & State

28 NAPLES, FL

Zip

29 34112

Country

9. Name and Address of Current Registered Agent

MOORE, ROBERT J  
2620 9TH ST. NORTH  
NAPLES, FL 34103

10. Name and Address of New Registered Agent

81 Name

MOORE, ROBERT J

82 Street Address (P.O. Box Number is Not Acceptable)

3861 EAST TAMiami TR

83

UNIT 116

84 City

NAPLES

FL

85 Zip Code

34112

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 X *Robert J. Moore*  
Signature, typed or printed name of registered agent and title if applicable.

PRES.

4-22-99

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE D/P ☐ DELETE

NAME MOORE, ROBERT J.  
STREET ADDRESS 623 104TH AVENUE NORTH  
CITY-ST-ZIP NAPLES, FL 34108

TITLE D/P ☐ DELETE

NAME COMERIATO, ANTHONY J.  
STREET ADDRESS 2698 FOUNTAIN VIEW CIR  
CITY-ST-ZIP NAPLES, FL 34109

TITLE S ☐ DELETE

NAME MOORE, DEBORAH  
STREET ADDRESS 623 104TH AVENUE NORTH  
CITY-ST-ZIP NAPLES, FL 34108

TITLE T ☐ DELETE

NAME COMERIATO, JANET  
STREET ADDRESS 2698 FOUNTAIN VIEW CIR  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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: X *Robert J. Moore* PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)