

MEINER

The Seal of the State of Florida is a circular emblem. It features a central figure of a Seminole Native American holding a bow and arrow. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90067 034 ***150.00

1. Corporation Name

PLANT CITY PIZZA, INC.

Principal Place of Business

Mailing Address

1500 WORTHAM TOWER
2727 ALLEN PARKWAY
HOUSTON TX 77019

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2727 ALLEN PARKWAY
HOUSTON TX 77019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1998

4. FEI Number

Applied For
Not Applicable

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81	Name JOHNNTA MERCHANT
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82 Street Address (P.O. Box Number is Not Acceptable)
2410 WEST JETTON AVE

84	City TAMPA
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FL	85	Zip Code 33629
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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 [Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1/27/99

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MERCHANT, JOHNNIE	
STREET ADDRESS	2410 WEST JEFFON	
CITY-ST-ZIP	HOUSTON TX 77019	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NICKEL, BRUCE	
STREET ADDRESS	19222 OAK VIEW TERRACE	
CITY-ST-ZIP	HOUSTON TX 77094	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNCHAK, MICHAEL	
STREET ADDRESS	9155 SADDLEBOW DRIVE	
CITY- ST- ZIP	BRENTWOOD TN 37027	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHEWS, BRUCE	
STREET ADDRESS	3906 EAST CREEK CLUB	
CITY - ST - ZIP	MISSOURI CITY TX 77459	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNAKENBERG, MICHAEL	
STREET ADDRESS	3119 WYCLIFFE DRIVE	
CITY - ST - ZIP	HOUSTON TX 77079	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D.P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	JOHNNIE MERCHANT		
1.3 STREET ADDRESS	2410 WEST JETTON AVE.		
1.4 CITY-ST-ZIP	TAMPA FL 33629		

2.1 TITLE	D,VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			

3.1 TITLE 0, VP ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE	D, VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			

5.1 TITLE	D.V.P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	MICHAEL G. SCHNAKENBERG		
5.3 STREET ADDRESS	3119 ROBINSON RD.		
5.4 CITY-ST-ZIP	MISSOURI CITY TX 77459		

6.1 TITLE	D, T, S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID W. FRANKE		
6.3 STREET ADDRESS	814 WYCLIFFE DR.		
6.4 CITY-ST-ZIP	HOUSTON, TX 77079		

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: David W. Franta, Asst. Treasurer, Secretary 1/9/99 (713) 529-9336

CR2E034 (11/98)