


FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90013 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000034075</u> 1. Corporation Name <u>SEMINOLE PIZZA III, INC.</u>					
Principal Place of Business <u>9002 BOB O'LINK CT.</u> <u>TALLAHASSEE, FL 32312</u>			Mailing Address <u>9002 BOB O'LINK CT.</u> <u>TALLAHASSEE, FL 32312</u>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <u>9002 BOB O'LINK CT.</u> Sub. Apt. #, etc.		2a. Mailing Address 26 <u>9002 BOB O'LINK CT.</u> Suite, Apt. #, etc.		4. FEI Number <u>59-3506272</u>	
22 City & State 23 <u>TALLAHASSEE, FL</u> Zip Country 24 <u>32312</u> <u>U.S.</u>		27 City & State 28 <u>TALLAHASSEE, FL</u> Zip Country 29 <u>32312</u> <u>U.S.</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required. 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <u>RALPH C. DATILLO</u> <u>215 S. MONRIE ST., STE 400</u> <u>TALLAHASSEE, FL 32301</u>			10. Name and Address of New Registered Agent 81 Name <u>DOUGLAS RUSSELL</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>9002 BOB O'LINK CT.</u> 83 84 City <u>TALLAHASSEE</u> <u>FL</u> 85 Zip Code <u>32312</u>		
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>4/26/99</u> (NOTE: Registered Agent signature required when renewing)		
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <u>PRESIDENT</u> NAME <u>DOUGLAS RUSSELL</u> STREET ADDRESS <u>9002 BOB O'LINK CT</u> CITY-ST-ZIP <u>TALLAHASSEE, FL 32312</u>			1.1 TITLE <u>PRESIDENT</u> 1.2 NAME <u>DOUGLAS RUSSELL</u> 1.3 STREET ADDRESS <u>9002 BOB O'LINK CT.</u> 1.4 CITY-ST-ZIP <u>TALLAHASSEE, FL 32312</u>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)