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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000047899

. Corporation Name

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90034 039 ***150.00

	inn Pizza, inc.								
Principal Place	of Business	Mailing Address		•		1 (95)(65) (10 (3)(3) (10)(10 (4))		#41 1984: IA11	. 10110 1011 1001
13226 PECKY CYPRESS DR. JACKSONVILLE FL 32223 13226 PECKY CYPRESS DR. JACKSONVILLE FL 32223 JACKSONVILLE FL 32223				_		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	<u></u>		
		<u></u>				05/20/1998			
2. Principal Pf	ace of Business	2a. Mailing Address				4: FEI Number			pplied For
21						59-3522126	<u> </u>		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired			Additional
22 27			_			3. Octabate of Otatao Boomer	<u> </u>	Fee R	Required
City & State	e	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the curre	nt year Inta	ngible	
24	25	29	30			Personal Property Tax.		☐ Yes	XNo
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	egistered A	\gent_	
				81 N	lame				
1	NSTON, MELVYNN E 16 PECKY CYPRESS DR.		ļ	82 S	Street Addre	Address (P.O. Box Number is Not Acceptable)			
	(SONVILLE FL 32223			83	·	······································			
				84 C	City		FL	85 Zip	Code
				1		6-45-			la societored
i office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	lutnorized	by the	e corporation	oration submits this statement for the prints board of directors. I hereby accept	the appoin	tment as r	registered
SIGNATURE	Signature, typed or printed name of registered age								1
		ot and title if applicable (NOTE	Registered A	Agent sig	mature required	when reinstating)	DATE		
1 42				\gent sig	nature required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE ID DIRECTORS DELETE	13.		gnature required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECT	
TITLE	OFFICERS AN PSTD	ID DIRECTORS	13, 1.1 TITL	E	nature required				
TITLE NAME	OFFICERS AN PSTD JOHNSTON, MELVYNN E	ID DIRECTORS	13. 1.1 TITL 1.2 NAM	.E ME					
TITLE NAME STREET ADDRESS	OFFICERS AN PSTD JOHNSTON, MELVYNN E 13226 PECKY CYPRESS DR.	ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	LE ME REET ADI	DRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PSTD JOHNSTON, MELVYNN E	ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	LE ME REET ADI Y-ST-ZI	DRESS			☐ Change	Addition
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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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

29-99

904-2620269

Daytime Phone #