

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 10, 1999 8:00 am  
Secretary of State

05-10-1999 90196 030 \*\*\*150.00

DOCUMENT # P98000051000

1. Corporation Name

MILITARY TRAIL PIZZA, INC.



Principal Place of Business

6984 SEMINOLE BOULEVARD  
UNIT 6  
SEMINOLE FL 33772

Mailing Address

6984 SEMINOLE BOULEVARD  
UNIT 6  
SEMINOLE FL 33772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

59-3522569

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 No

9. Name and Address of Current Registered Agent

SHEAR, ROBERT L  
2790 SUNSET POINT ROAD  
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GREEN, KEVIN E  
STREET ADDRESS 6984 SEMINOLE BOULEVARD  
CITY-ST-ZIP SEMINOLE FL 33772

DELETE

TITLE VD  
NAME MORGAN, MATT  
STREET ADDRESS 2700 NANCY STREET  
CITY-ST-ZIP ORLANDO FL 32806

DELETE

TITLE STD  
NAME HEGEDUS, ROBERT  
STREET ADDRESS 2395 TAMiami TRAIL UNIT 16  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Green, Kevin E.  
1.3 STREET ADDRESS 535 Johns Pass Arc  
1.4 CITY-ST-ZIP Madeira Beach, FL 33708

Change Addition

2.1 TITLE VD  
2.2 NAME Morgan, Matt  
2.3 STREET ADDRESS 522 Island Shores Dr  
2.4 CITY-ST-ZIP West Palm Beach, FL 33413

Change Addition

3.1 TITLE STD  
3.2 NAME Hegedus, Robert  
3.3 STREET ADDRESS 1965-E S. Tamiami Trail  
3.4 CITY-ST-ZIP Venice, FL 34293

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-99

Date

727 392-2888

Daytime Phone #

CR2E034 (1/98)