

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 13, 1999 8:00 am
Secretary of State

05-13-1999 90041 016 ***150.00

DOCUMENT # P980000 56330 ✓

1. Corporation Name

Mike & Chris' Pizza, Inc.
d/b/a Three Guys from New York Pizzeria

Principal Place of Business

Mailing Address

1427 W. Tennessee Street
Tallahassee, Fl. 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April, 1998

4. FEI Number

59-3520558

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mike Ferriauolo
1427 W. Tennessee Street
Tallahassee, Fl. 32304

81 Name

Chris Volpe

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

508 Murphree Street

83

84 City

Tallahassee

FL

85 Zip Code
32304

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)

4/30/99

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE
NAME Chris Volpe
STREET ADDRESS 508 Murphree Street
CITY-ST-ZIP Tallahassee, Fl. 32304

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Vice President ☒ DELETE
NAME Mike Ferriauolo
STREET ADDRESS 1427 W. Tennessee Street
CITY-ST-ZIP Tallahassee, Fl. 32304

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Matt Volpe
2.3 STREET ADDRESS 508 Murphree Street
2.4 CITY-ST-ZIP Tallahassee, Fl. 32304

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Vice President ☐ Change ☒ Addition
3.2 NAME Bill Davis
3.3 STREET ADDRESS 1427 W. Tennessee Street
3.4 CITY-ST-ZIP Tallahassee, Fl. 32304

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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)