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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # S22735

SPEEDY KEYS, INC.

PITA PETE'S, INC.

Principal Place of	Business	Mailing Address					
1815 J&C BLVD NAPLES FL 33942 US		1815 J&C BLVD NAPLES FL 33942 US		•			
					3. Date Incorporated or Qualified 01/03/1991 02/17/1995		995
		2a. Mailing Address E 26 6929 Mic.	2a. Mailing Address 6 6 9 29 MIW RUN CIRCLE		l		Applied For Not Applicable
Suite, Apt. #, €		Suite, Apt. #, etc.			5. Certificate of Status Desired	Feel	Additional Required
City & State 3 NAPLES FLORIDA		City & State 28 NAPLES, FLORIOA		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 3394	Country U S	^{Zp} 33942	Country 30 Cou	us ne R		No	199.032,
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New F	legistered Agent	
			[81]				
PAGANES, RICHARD C. 6925 MILL RUN CIR. NAPLES FL 33942			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
NAPLES	FL 33942					····	<u></u>
			84	City		FL 85 Zig	o Code
SIGNATURE	grature, typed or printed name of registered agont OFFICERS AN	and little if applicable. (NC D DIRECTORS	OTE: Rugistered Agen	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DRS IN 12
TITLE	PVP	☐ DELETE				☐ Change	Addition
NAME	PAGANES, RICHARD		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS							
CHY-ST-ZIP	NAPLES FL		1.4 C/TY - S 2 1 T/T/LE	T-ZIP			
	⊢ ST	☐ DELETE				Change	☐ Addition
NAME	PAGANES, RICHARD		22 NAME				
STREET ADDRESS	6929 MILL RUN CIR		23 STREET				
CITY-ST-ZIP TITLE	NAPLES FL		2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition		☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CiTY-SI-ZIP			3.4 CITY - S	T - ZIP			
TITLE	☐ DELETE		4, 1 TITLE		50000178980嗎 □ Addit -04/23/9601012011		☐ Addition
NAME			4.2 NAME		***200.00	112011	
STREFT ADDRESS			4.3 STREET		*** <u>~</u> 00.00		
CITY-ST-ZIP		☐ DELETE	4.4 City-S	T - ZIP		☐ Change	Addition
THLE			5 1 TITLE 52 NAME			[] Ontarige	- Addition
NAME STREET ADDRESS			53 STREET	ADDRESS			
CITY-S1-ZIP			5.4 CITY - S				
TITLE		☐ DELETE	6 1 TITLE			Change	☐ Addition
Į.		_	6.2 NAME				
NAME							
STREET ADDRESS			6.3 STREET	ADDRESS			

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.

X4-15-96 941-566-9172
PICER OR DIRECTOR

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