FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S64779 (9)

1. Corporation Name
LENNY & VINNY'S PIZZERIA, INC.

Principal Place of Business	Mailing Address
6550 CENTRAL AVE #160 ST PETERSBURG FL 33707	6950 CENTRAL AVE #160 ST PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 533 SO. HOWARD AVENUE
Suite, Apt. #, etc.: 22 SUITE 3
City & State: 23 TAMPA FL
Zip: 24 33606 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-3076455 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAMSON, PAUL
6950 CENTRAL AVE
S160
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name: MARION L. SAMSON - JOSEPH
82 Street Address (P.O. Box Number is Not Acceptable): 6950 CENTRAL AVENUE, SUITE 160
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33707

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: Marion L Samson-Joseph 2/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	P/D	XX Change ☐ Addition
NAME	SAMSON, PAUL	1.2 NAME	PAUL SAMSON	
STREET ADDRESS	2 ADALIA AVE UNIT 405	1.3 STREET ADDRESS	2 ADALIA AVENUE, UNIT 405	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	2.1 TITLE	S/T	☐ Change ☒ Addition
NAME	SAMSON, PAUL	2.2 NAME	MARION L. SAMSON-JOSEPH	
STREET ADDRESS	2 ADALIA AVE UNIT 405	2.3 STREET ADDRESS	6950 CENTRAL AVENUE, SUITE 160	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE		3.1 TITLE	V/P	☐ Change ☒ Addition
NAME		3.2 NAME	ALAN P. STEINBACH	
STREET ADDRESS		3.3 STREET ADDRESS	6950 CENTRAL AVENUE, SUITE 160	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 3/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0307694 - CP