FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

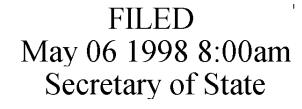
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

GUMBY'S PIZZA INTERNATIONAL, INC.





Principal Place of Business Mailing Address									
5217 8 W 91ST DR SUITE B-5		5217 S W 91ST DR Suite 8-5							
GAMESVILLE FL \$2608		GAINESVILLE FL 32808		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
US		US			09/26/1991				
<u> </u>	ace of Business	2a. Mailing Address			4, FEI Number		· · · · · · · · · · · · · · · · ·	plied For	
21		26			5 9-3094814		-	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing	lection Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution		Added t	o Fees		
Žip	Country	Zip	_ Countr	У	8. This corporation owes or has pai	~~			
24	25	29 30	0		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
	6. Name and Address of Currer	nt Hegistered Agent	81	Name	10. Name and Address of New Re	Algracan wha			
	PLER, CHANCELLOR		Ľ	IVallic					
	1 N.W. 8TH AVENUE ITE B-5		82	Street Ad	Idress (P.O. Box Number is Not Acceptab	le)			
	INESVILLE FL 32801		83				-		
			84	City		FL®	Zip (Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	, the abov	re-named co	prporation submits this statement for the p	urpose of cha	inging it	s registered	
I office or r	egiste red agent, or both, in the State m fam iliar with, and accept the oblig	of Florida. Such change was aut	horized b	by the corpor	ration's board of directors. I hereby accep	t the appoint	nent as	registered	
SIGNATURE									
10	Signature: typed or printed name of registered age OFFICERS AN		Registered Aç	ont signature rei	quired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIE	RECTOR	S IN 12	
12.	PD	DELETE	1.1 TITLE		ABBITIONS/OFFANGES TO OFFICE		Change	Addition	
NAME	HIPPLER, CHANCELLOR		1.2 NAME				•	_ [
STREET ADDRESS	901 NW 8 AVE, STE B 5			T ADDRESS		* *.			
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-	1				1	
TITLE	VSD	☐ DELETE	2.1 TITLE				Change	Addition C	
NAME	O'BRIEN, JEFF		2.2 NAME					+	
STREET ADDRESS	AAA MAY A MAR ATR A P		2.3 STREE	1 ADDRESS					
CITY-ST-ZIP	Gainesville Fl		2. 4 CITY-	-ST-ZIP					
TITLE	AS	DELETE	3.1 TITLE				Change	Addition	
NAME	PE EK, DAVID H.		3.2 NAME						
STREET ADDRESS	1809 GULF LIFE TOWER		3.3 STREE	T ADORESS				-	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CITY -	\$1-ZIP			Change	Addition	
TITLE		DELETE	5.1 TITLE				onanye	☐ vangani	
NAME OTDET LODGEGO			5.2 NAME	- 1					
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CITY - 6.1 TITLE		Part Attitude of the State of t		Change	Addition	
TITLE		□ bterit	6.2 NAME			-	iBo		
NAME CTREET ADDRESS				T ADDRESS					
STREET ADDRESS			6.4 CITY -						
CITY-ST-ZIP		PA T	B. 1 CIT	31-2IF	in Continue 440 OT/OVI). Florido Ptotutos I	divide a significant	AL nd the	information	

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 informatic indicated on this annual report or suppliemental armual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on attagring of with an address.