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 MAY -1 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # #S97265

1. Corporation Name
Marjohn Enterprises INc.
~~Dino's Pizza~~
4100 E Bay Drive
Clearwater, FL 34624

Principal Place of Business

700001488417
-05/16/95--01040--014
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	1-1-92
3a. Date of Last Report	
4. FEI Number	59-3098210 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 Marjohn Enterprises	26 Marjohn Enterprises
22 Suite, Apt. #, etc. 4100 E Bay Drive	27 Suite, Apt. #, etc. 4100 E Bay Drive
23 City & State Clearwater, FL	28 City & State Clearwater, FL
24 Zip 34624 / 25 Country	29 Zip 34624 / 30 Country

9. Name and Address of Current Registered Agent

JOHN S. ROSICA
4100 EAST BAY DR. A-4
ClearWater FL 34624

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]

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	John S. Rosica
STREET ADDRESS	2362 Mangrun Drive
CITY-ST-ZIP	Dunedin, FL 34698
TITLE	Treasurer
NAME	Shawn Johnson
STREET ADDRESS	601 East Rosery Rd. - Apt #1201
CITY-ST-ZIP	~~Clearwater, FL 34640~~
TITLE	Clerk
NAME	John S. Rosica
STREET ADDRESS	2362 Mangrun Drive
CITY-ST-ZIP	~~Dunedin, FL 34698~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	4100 E. BAY DR. A-4
1.4 CITY-ST-ZIP	CLEARWATER FL 34624
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	4100 E. BAY DR. A-4
2.4 CITY-ST-ZIP	CLEARWATER FL 34624
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	4100 E. BAY DR. A-4
3.4 CITY-ST-ZIP	CLEARWATER FL 34624
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	DP 5/12
6.3 STREET ADDRESS	
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)(k), 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 all address.

SIGNATURE: [signature] JOHN ROSICA 4-24-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220709 CP