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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V24239 (8)

1. Corporation Name  
J. MICHAEL'S PIZZA, INC.

Principal Place of Business

Mailing Address

1611 CAPE CORAL PKWY E  
CAPE CORAL FL 33904  
US

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CAPE CORAL FL 33904  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1992

4. FEI Number

65-0362833

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

ELIZABETH L. MCCABE  
241 SW 34TH ST  
CAPE CORAL FL 33914

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, 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 CTSD ☐ DELETE

NAME MCCABE, ELIZABETH  
STREET ADDRESS 241 SE 34TH ST  
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME MC CABE, JOHN M.  
STREET ADDRESS 7507 HANOVER  
CITY-ST-ZIP SUMMIT IL

2.1 TITLE ☐ Change ☐ Addition

TITLE PM ☐ DELETE

NAME MCCABE, JAMES M.  
STREET ADDRESS 241 S.W. 34TH STREET  
CITY-ST-ZIP CAPE CORAL FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: Elizabeth L. McCabe 4-16-98 941-549-0774

CR2E034 (10/97)