FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS DOCUMENT #** V27025 (8)THE ULTIMATE PIZZA OF VERO BEACH, INC. Principal Place of Business Mailing Address 620 SW OLD DIXIE HIGHWAY 620 SW OLD DIXIE HIGHWAY VERO BEACH FL 32960 VERO BEACH FL 32960 3. Date Incorporated or Qualified 3a. Date of Last Report 04/03/1992 04/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0331508 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z_{00} Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSSWAY, BRADLEY W. Street Address (P.O. Box Number is Not Acceptable) 82 756 BEACHLAND BLVD. VERO BEACH FL 32963 83 84 City 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, typed or printed name of registered agent and title I applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 X DELETE 10115 1.1 TITLE PRESIDENT Change Addition LORI FOTHERGILL DINE HUY FOTHERGILL, LORI NAME 1.2 NAME 620 SW DIXIE HWY. STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP VERO BEACH FL UERO 32962 BCH, 14 CITY-ST-ZIP THEF DELETE 2 1 TITLE Change ■ Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY ST ZIP 2 4 CITY - ST - ZIP 1466 DELETE 3.1 TITLE Change ☐ Addition NAM: 3.2 NAME SUBERT ADDRESS 3.3. STREET ADDRESS City-S1-201 3.4 CHTY - ST - 7IP 101; £ DELETE 4 1 THE ☐ Addition Change NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP DELETE THEF 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIE 54 CITY-ST-ZIP THEF DELETE 6.1 TIBE Change Addition NAME 62 NAME STREET ADORESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 an address.