SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 SEP -3 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31955 (0)

1. Corporation Name
CHICK'S PIZZA, INC.

Principal Place of Business
601 S HARBOR ISLAND
TAMPA FL

Mailing Address
601 S HARBOR ISLAND
TAMPA FL

3. Date Incorporated or Qualified: 04/06/1992
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business
21 11212 W. HILLSBOROUGH AVE
Suite, Apt. #, etc.
22
City & State
23 TAMPA, FL
Zip 24 33635
Country 25 USA

2a. Mailing Address
26 11212 W. HILLSBOROUGH AVE
Suite, Apt. #, etc.
27
City & State
28 TAMPA FL.
Zip 29 33635
Country 30 USA

4. FEI Number: 59-3122960 — 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
DRUDY, DENISE
1207 N HIMES AVE
TAMPA FL 33607

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL

500001952445
-09/20/96--01020--003
****375.00 ****375.00

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 of Registered Agent — Registered Agent Signature required when filing by mail — Date

12. OFFICERS AND DIRECTORS

TITLE	PD ☐ DELETE
NAME	GAGNIER, TIM
STREET ADDRESS	~~601 S HARBOR ISLAND~~ 11212 W. HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA FL
TITLE	D ☑ DELETE
NAME	GAGNIER, THOMAS
STREET ADDRESS	601 S HARBOR ISLAND
CITY-ST-ZIP	TAMPA FL
TITLE	D ☐ DELETE
NAME	GAGNIER, TIMOTHY
STREET ADDRESS	11212 W. HILLSBOROUGH AVE.
CITY-ST-ZIP	TAMPA, FL. 33635
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

JB 9-10-96

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy F. Gagnier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/96 (813) 818-0858
Date — Daytime Phone #