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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **V36632**

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VILLA ROMA ITALIAN RESTAURANT & PIZZIERA OF SPRING HILL, INC.

Principal Place of Business Mailing Address 7384 SHOAL LINE BLVD. 7384 SHOAL LINE BLVD. SPRING HILL FL 34607 SPRING HILL FL 34607 3. Date Incorporated or Qualified 3a. Date of Last Report 05/14/1992 04/04/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3125293 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Γ 23 28 Trust Fund Contribution Added to Fees Zip Country Zipi Country 8. This corporation has liability for intangible tax under s. 199.032, Yes KNo Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 OLSEN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7384 SHOAL LINE BLVD. 83 SPRING HILL FL 34607 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE NA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELE 16 ☐ Change Addition THLE 1. 1 TITLE OLSEN, ROBERT 1.2 NAME NAME 3325 HOLLY SPRINGS DR. STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL CITY-ST-7IP 1.4 D(TY - S1 - Z0) DELETE ☐ Change Addition DISE 2.11113 OLSEN, MARY C. NAME 2.2 NAME 3325 HOLLY SPRINGS DR. STREET ADDRESS 2.3 STREET ADDRESS SPRING HILL FL CITY-ST-ZIP 2.4 CHY+S1 ZIP DELETE Change Addit:on 3 1 TillE NAME 3.2 NAME .

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6.2 NAME

SIGNATURE:

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MANATURE AND THE OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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3/30/96 352-597-2121

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