FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41184** **(5)**

1. Corporate Name
TPA MIAMI, INC.

Principal Place of Business:
11700 NORTHWEST 101 ROAD
SUITE 23
MEDLEY FL 33178

Mailing Address:
11700 NORTHWEST 101 ROAD
SUITE 23
MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1992**

3a. Date of Last Report: **08/18/1994**

2. Principal Place of Business — 21 — Suite, Apt. # or Rte. — 22 — City & State — 23 — Zip — 24 — County — 25

2a. Mailing Address — 26 — Suite, Apt. # or Rte. — 27 — City & State — 28 — Zip — 29 — County — 30

4. FEI Number: **65-0341385** — 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

WILLIAMS, HENRY W., JR.
11700 N.W. 101ST RD.
SUITE 23
MEDLEY FL 33178

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Section 607.0502, and/or 1608, 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 that position as provided for in Florida Statutes.

SIGNATURE: X Henry W. Williams Jr. — 5/18/95
(Signature of new registered agent, if changed) (Date)

12. OFFICERS AND DIRECTORS

TYPE	D
NAME	WILLIAMS, HANK, JR.
STREET ADDRESS	11700 NW 101 RD., #23
CITY-ST-ZIP	MEDLEY FL
TYPE	D
NAME	JACKSON, THOMAS L.
STREET ADDRESS	11700 NW 101 RD., #23
CITY-ST-ZIP	MEDLEY FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I/We hereby certify that the information supplied with this report, pursuant to and required by Section 607.0502, Florida Statutes, is true and correct. 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 changed, added or deleted.

SIGNATURE: X Henry W. Williams Jr. — President — 5/18/95 — 305-887-2732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Telephone Number
HENRY W. WILLIAMS JR.

0184842 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41482** **(3)**

1. Corporate Name
ABC PIZZA OF BROOKSVILLE INC.

Principal Place of Business	Mailing Address
715 W. JEFFERSON ST. ST. BIVILLE FL US	6610-B E. FOULER AVE. TAMPA FL US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1992**	3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-3127801**	☐ 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. The corporation has initially filed an intangible tax under § 199.032, Florida Statutes: ☐ Yes ☐ No	

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. # etc. (22) | Suite, Apt. # etc. (27)
City & State (23) | City & State (28)
Zip (24) County (25) | Zip (29) County (30)

9. Name and Address of Current Registered Agent

GOMES, JOSEPH A
1220 WHISPER RUN CT
LUTZ FL 33549

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 Section(s) 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS, ETC.	
01 Title	VP	01 Title	☐ Change ☐ Addition
02 Name	GOMES, JOSEPH A	02 Name	
03 Street Address	1220 WHISPER RUN CT	03 Street Address	
04 City, St, Zip	LUTZ FL	04 City, St, Zip	
05 Title	P	11 Title	☐ Change ☐ Addition
06 Name	FOTOPOULOS, WILLIAM	12 Name	
07 Street Address	3018 JOAN CT.	13 Street Address	
08 City, St, Zip	LAND O LAKES FL 346	14 City, St, Zip	
09 Title	S	21 Title	☒ Change ☐ Addition
10 Name	SIZEMORE, MICHELLE	22 Name	
11 Street Address	917 HAMMOCK RD.	23 Street Address	951 village DR
12 City, St, Zip	BROOKSVILLE FL 34601	24 City, St, Zip	
13 Title		31 Title	☐ Change ☐ Addition
14 Name		32 Name	
15 Street Address		33 Street Address	
16 City, St, Zip		34 City, St, Zip	
17 Title		41 Title	☐ Change ☐ Addition
18 Name		42 Name	
19 Street Address		43 Street Address	
20 City, St, Zip		44 City, St, Zip	
21 Title		51 Title	☐ Change ☐ Addition
22 Name		52 Name	
23 Street Address		53 Street Address	
24 City, St, Zip		54 City, St, Zip	
25 Title		61 Title	☐ Change ☐ Addition
26 Name		62 Name	
27 Street Address		63 Street Address	
28 City, St, Zip		64 City, St, Zip	

14. I/We 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)(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 with changes, if any, are typed above with my address.

SIGNATURE: Michelle Sizemore Michelle Sizemore Secretary 5-25-95 904-796-5788
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0303381 CP