FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V41484** **(9)**

1. Corporation Name

ABC PIZZA OF CHIEFLAND INC.

Principal Place of Business	Mailing Address
1285 N YOUNG BLVD CHIEFLND FL 32626	1285 N YOUNG BLVD PO BOX 2315 CHIEFLND FL 32626 US

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

3. Date Incorporated or Qualified: **06/04/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3127800** ☐ 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

GOMES, JOSEPH A
231 WHISPER RUN COURT
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: Castanheira, Fernando
82 Street Address (P.O. Box Number is Not Acceptable): 1285 N. Young Blvd
83
84 City: Chiefland FL 85 Zip Code: 32644

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 _____ DATE _____
Signature required or registered agent of registered agent corporation

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	GOMES, JOSEPH A	
STREET ADDRESS	231 WHISPER RUN CT	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	☐ DELETE
NAME	FOTOPOULOS, WILLIAM	
STREET ADDRESS	573 WEEKS BLVD	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	D	☐ DELETE
NAME	CASTANHEIRA, FERNANDO	
STREET ADDRESS	1285 N YOUNG BLVD	
CITY-ST-ZIP	CHIEFLND FL	
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		

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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)(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 added in connection with an address.

SIGNATURE: _____ Fernando Castanheira 1-30-96 (352) 493-1432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

04-22-96