## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V49218

(3)

PONTE VEDRA PIZZA, INC.

**FILED** Mar 05 1997 8:00am Secretary of State

236 SOLANO F	DEACH EL 99009	Ponte Vedra Ponte Vedra Ponte Vedra	io's Pizza dra Pizza, dana Road Boh, FL	ine.		3. Date incorporated or Qua	tified <b>3a.</b> Date	of Last Re	
5 D		10. 11.				4. FE Nombe 2	<b></b> 03/26	/1996	
· · · · · ·	Place of Business	<b>2a.</b> Mailing i	Address			4. FEI Number			plied For
21		26	. 4 -1-			<del>59-3137017</del>			t Applicable
Suite, Apl	#, CIG.	Suite, A	pt #, etc.			5. Certificate of Status Desire	ed 🔘 ;	<b>\$8.75</b> A Fee Re	
City & Sta	te	City & S	itate			6. Election Campaign Finance	les	\$5.00	
23	28				Trust Fund Contribution	/"" <sup>9</sup>	Added to		
Zip	Country	Zip		Country	,,,,,,,,,	This corporation has liability	ty for intendible to		
24	25	29	30	¬ ´		Florida Statutes	Yes 🗍		199.002,
	g. Name and Address of Curre			1		10. Name and Address of N			
****				81	Name				
BRO	ock, frederick r.			L	<u> </u>				
166	o prudential dr.			82	Street Add	dress (P.O. Box Number is Not Acc	ceptable)		
SUF	TE 203			83	<del></del>				
JAC	KSONVILLE FL 32207			**					
				84	City		FL	<b>85</b> Zip (	Code
office or agent. La SIGNATURE	to the provisions of Sections 607.05 registered Expent, or both, in the Sta am familiage the object.  Shipplant, typed or perticologies of regeleted in	igent and fille I applicable				alred when reinstating)	2/26 DATE	197	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO			
THILE	P	[	DELETE	1.1 TITLE	.			Change	Addition
NAME	ALLABEN, DERK L.			1.2 NAME					
STREET ADDRESS	236 SOLANO RD.			1.3 STREET	ADDRESS				
CHY-ST-21P	PONTE VEDRA BCH FL		I	1,4 C(TY+5	ST-ZIP				
TITLE	1		DELETE	2.1 TITLE				Change	Addition
NAME	VP			2.2 NAME	}				
STREET ADORESS	ALLABEN, KRISTINA G.			2.3 STREET	T ADDRESS				(
City-St-7iP	236 SULANU ND.			2. 4 CITY -	ST-ZIP		4. * 2.1		
TIFLE	PONTE VEDRA BCH FL		DELETE	3.1 TITLE				Change	Addition
NAME:				3.2 NAME					
STREET ADDRESS				3.3 STREE	T ADDRESS				
City-St-7IP				3.4. CITY-					
mus			DELETE	4.1 TITLE				Change	Addition
NAMT.				4. 2 NAME					
STREET ADDRESS				4.3 STREE	T ADDRESS				
CITY - S1 - ZIP				4.4 City-1					
Title	†		DELETE	5.1 TITLE	-: <u>-"</u>		Γ	Change	Addition
NAME				5.2 NAME	Ì				
STREET ADDRESS					T ADDRESS				
City-St-7i2				54 CITY-1			-		
TITLE	1		DELETE	6.1 TITLE	- E//		Г	Change	☐ Addition
NAME		•		6.2 NAME			-		
STREET ADDRESS					T ADDRESS				1
i				1	1				
City-St-Ziff	. L			6.4 CITY-	01-4IF				

14. It do hereby certify that the information supplied with this filing 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 charged, or an attachment of the anaddress.

SIGNATURE: