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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # V49646**

**(5)**

1. Corporation Name  
**T.S. PIZZA, INC.**

Principal Place of Business  
**40114 U.S. HIGHWAY 19 NORTH  
TARPON SPRINGS FL 34689  
US**

Mailing Address  
**40114 US HIGHWAY 19 NORTH  
TARPON SPRINGS FL 34689-8330  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30  
9. Name and Address of Current Registered Agent

**KRAMER, JENNIFER  
40114 US HIGHWAY 19 NORTH  
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified  
**07/10/1992**

3a. Date of Last Report  
**02/19/1996**

4. FEI Number  
**59-3139045**

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

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**PD  
KRAMER, JENNIFER  
194 EAST CANAL  
PALM HARBOR FL**

TITLE NAME ☐ DELETE

**VPD  
HEARN, JAMES R.  
136 LAKE SHORE DRIVE, NORTH  
PALM HARBOR FL**

TITLE NAME ☐ DELETE

**STD  
KENNEALLY, KEVIN T.  
324 BROADWAY  
DUNEDIN FL**

TITLE NAME ☐ DELETE

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

TITLE 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

**136 Lake Shore Drive North  
Palm Harbor, FL. 34684**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**2829 Cobblestone Drive  
Palm Harbor, FL. 34684**

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

14. I 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 changed, or on an attachment with an address.

SIGNATURE:

**Jennifer Kramer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/10/1997**

**813-938-9626**

Date

Daytime Phone #

CR2E034 (9/96)