

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90134 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V56935

1. Corporation Name

S.W. FLORIDA OVENS, INC.

Principal Place of Business

Mailing Address

2101 GREENTREE ROAD
A-113
PITTSBURGH PA 15220

2101 GREENTREE ROAD
A-113
PITTSBURGH PA 15220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1992

4. FEI Number

59-3138061

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

~~GEIS, TOM~~
273 BELLAIR DR. N.E.
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name ~~R.M. Thompson, Jr.~~ R.M. Thompson, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
The Italian Oven
83 10500 Ulmerton Road, #870
84 City Largo FL 85 Zip Code 33771

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

R.M. Thompson, Jr.
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERR, JOEL S	1.2 NAME	
STREET ADDRESS	2101 GREENTREE ROAD, A-113	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15220	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFRANGO, GERALD W	2.2 NAME	
STREET ADDRESS	2101 GREENTREE ROAD, A-113	2.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15220	2.4 CITY-ST-ZIP	
TITLE	PDD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ROBERT M	3.2 NAME	
STREET ADDRESS	2101 GREENTREE ROAD, A-113	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15220	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREBOWSKI, FRANK L	4.2 NAME	
STREET ADDRESS	2101 GREENTREE ROAD, A-113	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15220	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.M. Thompson, Jr. President 4/29/99 276-1666 (412)

Date

Daytime Phone #