FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59482 (2)

1. Corporation Name

EAT PIZZA, INC.

Principal Place of Business	Mailing Address
4771 BAYOU BLVD. #C309 PENSACOLA FL 32503 US	4771 BAYOU BLVD. #C309 PENSACOLA FL 32503 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/21/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 3155 Potosi Rd
22 Suite, Apt. #, etc.:
23 City & State: Pensacola FL
24 Zip: 32504 25 Country: USA

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 59-3139712 ☐ 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

MAGNES, SCOTT
41 WEST NINE MILE ROAD
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name: Magnes, Scott
82 Street Address (P.O. Box Number is Not Acceptable): 3155 Potosi Rd
83:
84 City: Pensacola FL 85 Zip Code: 32504

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: Cheryl Magnes, Cheryl Magnes, Secretary 1-10-95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TP	11 TITLE	Secretary	☐ Change ☑ Addition
NAME	MAGNES, SCOTT	12 NAME	Cheryl Magnes	
STREET ADDRESS	41 WEST NINE MILE ROAD	13 STREET ADDRESS	3155 Potosi Rd	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola FL 32504	
TITLE	VS	21 TITLE	V	☑ Change ☐ Addition
NAME	BISKUS, GAIL	22 NAME	Biskus, Gaile	
STREET ADDRESS	4844 SUNSET BLVD.	23 STREET ADDRESS	41 W 9 Mile Rd	
CITY-ST-ZIP	PORT RICHIE FL	24 CITY-ST-ZIP	Pensacola FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: Cheryl Magnes, Cheryl Magnes 1-10-95 904/478-2089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000748 CP