


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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90047 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000012850**

1. Corporation Name  
**L.A.B. PIZZA, INC.**



Principal Place of Business 737 E HWY 98 SUITE 7 DESTIN FL 32541 US	Mailing Address 737 E HWY 98 SUITE 7 DESTIN FL 32541 US
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**12/17/1992**

2. Principal Place of Business 21 <b>2569 McKinnon Bridge Rd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2569 McKinnon Bridge Rd</b> Suite, Apt. #, etc.
22 City & State 23 <b>Ponce De Leon FL</b>	27 City & State 28 <b>Ponce De Leon FL</b>
24 Zip <b>32455</b> 25 Country <b>USA</b>	29 Zip <b>32455</b> 30 Country <b>USA</b>

4. FEI Number  
**59-3158361** 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

9. Name and Address of Current Registered Agent

**BUTLER, LARRY**  
 737 EAST HWY 98  
 SUITE 7  
 DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name **Larry Butler**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2569 McKinnon Bridge Rd**

83

84 City **Ponce De Leon** 85 State **FL** 86 Zip Code **32455**

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 *Larry Butler* **Larry Butler** **04-28-99**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>BUTLER, ROBERT L</b>	
STREET ADDRESS	<b>737 E HWY 98 SUITE 7</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>BUTLER, ALICIA</b>	
STREET ADDRESS	<b>737 E HWY 98 SUITE 7</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BULTER, SHIRLEY A</b>	
STREET ADDRESS	<b>2896 MT TABOR CIR</b>	
CITY-ST-ZIP	<b>DULUTH GA 30096</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2569 McKinnon Bridge Rd.</b>
1.4 CITY-ST-ZIP	<b>Ponce De Leon, FL 32455</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2569 McKinnon Bridge Rd</b>
2.4 CITY-ST-ZIP	<b>Ponce De Leon, FL 32455</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2571 McKinnon Bridge Rd</b>
3.4 CITY-ST-ZIP	<b>Ponce De Leon, FL 32455</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Larry Butler* **Larry Butler** **04-28-99** **(850) 951-0150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)