

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005115 (1)

1. Corporation Name
PAPA JOHN'S USA, INC.

Principal Place of Business: **11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY 40299**
Mailing Address: **11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY 40299**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/08/1993** 3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **61-1193912** Applied For: Not Applicable:

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23** City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CCEO
NAME	SCHNATTER, JOHN H
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175
CITY - ST - ZIP	LOUISVILLE KY 40299
TITLE	DP
NAME	HOLLAND, J. DANIEL
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175
CITY - ST - ZIP	LOUISVILLE KY 40299
TITLE	DVS
NAME	SCHNATTER, CHARLES W
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175
CITY - ST - ZIP	LOUISVILLE KY 40299
TITLE	V
NAME	MILBY, E. DRUCKLA
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175
CITY - ST - ZIP	LOUISVILLE KY 40299
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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)(k), 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 as an attachment with an address.

SIGNATURE: *Charles W. Schnatter* **CHARLES W. SCHNATTER** **01/31/1995** **502-266-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Phone #)