

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **V70621** (0)

1. Corporation Name  
**PAPA JOE'S OF DEBARY, INC.**



Principal Place of Business  
**2975 ENTERPRISE ROAD  
DEBARY FL 32713**

Mailing Address  
**2975 ENTERPRISE ROAD  
DEBARY FL 32713**

3. Date Incorporated or Qualified **10/09/1992** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number **59-3146480** 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

10. Name and Address of New Registered Agent

**GRIMALDI, RICHARD T.  
280 WIMBLEDON CIRCLE  
HEATHROW FL 32746**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **1412 SHADWELL CIR.**  
84 City **HEATHROW** FL 85 Zip Code **32746**

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: *Giuseppe Giambrone* **GIUSEPPE GIAMBRONE** Vice/Pres Date **4/24/96**

12. OFFICERS AND DIRECTORS

TITLE **PD**  DELETE  
NAME **GRIMALDI, RICHARD**  
STREET ADDRESS **280 WIMBLEDON CIRCLE**  
CITY-ST-ZIP **HEATHROW FL**

TITLE **VD**  DELETE  
NAME **GIAMBRONE, GIUSEPPE**  
STREET ADDRESS **3045 VERNARD STREET**  
CITY-ST-ZIP **DELTONA FL**

TITLE **ST**  DELETE  
NAME **GIAMBRONE, MIMA**  
STREET ADDRESS **3045 VERNARD STREET**  
CITY-ST-ZIP **DELTONA FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P**  Change  Addition  
1.2 NAME **GRIMALDI, RICHARD**  
1.3 STREET ADDRESS **1412 SHADWELL CIR.**  
1.4 CITY-ST-ZIP **HEATHROW, FL. 32746**

2.1 TITLE **V**  Change  Addition  
2.2 NAME **GIAMBRONE GIUSEPPE**  
2.3 STREET ADDRESS **455 SAXON BLVD.**  
2.4 CITY-ST-ZIP **DELTONA, FL. 32725**

3.1 TITLE **ST**  Change  Addition  
3.2 NAME **GIAMBRONE, MIMMA**  
3.3 STREET ADDRESS **455 SAXON BLVD**  
3.4 CITY-ST-ZIP **DELTONA, FL. 32725**

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 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 on an attachment with an address.

SIGNATURE: *Giuseppe Giambrone* **GIUSEPPE GIAMBRONE** Vice-Pres Date **4/24/96** (407) 774-4300

CR2E034 (12/95)