2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000016443

Entity Name: SOUTH OBT CORP.

Current Principal Place of Business:

2002 PAPA JOHN'S BOULEVARD LOUISVILLE. KY 40299

Current Mailing Address:

2002 PAPA JOHN'S BOULEVARD LOUISVILLE, KY 40299 US

FEI Number: 59-3236496 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 08, 2024

Secretary of State

9951226517CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name LYNCH, ROBERT M. Name OYLER, CAROLINE MILLER

Address 2002 PAPA JOHN'S BOULEVARD Address 2002 PAPA JOHN'S BOULEVARD

City-State-Zip: LOUISVILLE KY 40299 City-State-Zip: LOUISVILLE KY 40299

Title VP Title VICE PRESIDENT AND SECRETARY

Name LYNCH, ROBERT M. Name OYLER, CAROLINE MILLER

Address 2002 PAPA JOHN'S BOULEVARD Address 2002 PAPA JOHN'S BOULEVARD

City-State-Zip: LOUISVILLE KY 40299 City-State-Zip: LOUISVILLE KY 40299

Title TREASURER Title ASSISTANT SECRETARY

Name COLLINS, CHRISTOPHER K. Name MATTER, JOHN M.

Address 2002 PAPA JOHN'S BOULEVARD Address 2002 PAPA JOHN'S BOULEVARD

City-State-Zip: LOUISVILLE KY 40299 City-State-Zip: LOUISVILLE KY 40299

Title ASSISTANT TREASURER Title PRESIDENT

Name BIVINS, MITCH Name THANAWALA, RAVI

Address 2002 PAPA JOHN'S BOULEVARD Address 2002 PAPA JOHN'S BOULEVARD

City-State-Zip: LOUISVILLE KY 40299 City-State-Zip: LOUISVILLE KY 40299

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA TATE JOHNSON

Electronic Signature of Signing Officer/Director Detail

ASSISTANT SECRETARY

04/08/2024

Date

Officer/Director Detail Continued:

Title DIRECTOR Title

Name THANAWALA, RAVI Name COX, KENNETH M.

Address 2002 PAPA JOHN'S BOULEVARD Address 2002 PAPA JOHN'S BOULEVARD

ASSISTANT SECRETARY

City-State-Zip: LOUISVILLE KY 40299 City-State-Zip: LOUISVILLE KY 40299

Title ASSISTANT SECRETARY
Name JOHNSON, DEBRA TATE

Address 2002 PAPA JOHN'S BOULEVARD

City-State-Zip: LOUISVILLE KY 40299