

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000016443

**Entity Name:** SOUTH OBT CORP.

**Current Principal Place of Business:**

2002 PAPA JOHN'S BLVD.  
LOUISVILLE, KY 40299

**Current Mailing Address:**

2002 PAPA JOHN'S BLVD.  
LOUISVILLE, KY 40299

**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

**Officer/Director Detail :**

Title DP  
Name SMITH, JOSEPH H  
Address 2002 PAPA JOHN'S BLVD  
City-State-Zip: LOUISVILLE KY 40299

Title TREASURER  
Name HOUSTON, CONNIE  
Address 2002 PAPA JOHN'S BLVD.  
City-State-Zip: LOUISVILLE KY 40299

Title S  
Name PASSAFIUME, CLARA M  
Address 2002 PAPA JOHN'S BLVD.  
City-State-Zip: LOUISVILLE KY 40299

Title AS  
Name COX, KENNETH M  
Address 2002 PAPA JOHN'S BLVD.  
City-State-Zip: LOUISVILLE KY 40299

Title AT  
Name PHENIX, CLAUDE M  
Address 2002 PAPA JOHN'S BLVD.  
City-State-Zip: LOUISVILLE KY 40299

Title AS  
Name TATE JOHNSON, DEBRA  
Address 2002 PAPA JOHN'S BLVD.  
City-State-Zip: LOUISVILLE KY 40299

Title DIRECTOR  
Name RITCHIE, STEVE M  
Address 2002 PAPA JOHN'S BOULEVARD  
City-State-Zip: LOUISVILLE KY 40299

*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

**ASSISTANT SECRETARY** 05/01/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date