

2021 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 LYNCH, ROBERT M
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 ASST. SECRETARY
Name MATTER, JOHN 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 VP, SECRETARY
Name OYLER, CAROLINE MILLER
Address 2002 PAPA JOHN'S BLVD.
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

ASST. SECRETARY

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date