

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L87420** (0)
1. Corporation Name:
POT BELLY'S DELI, INC.

APPROVED
AND
FILED

95 MAY -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **7612 BLIND PASS RD. ST. PETERSBURG BCH. FL 33706**
Mailing Address: **7612 BLIND PASS RD. ST. PETERSBURG BCH. FL 33706**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 07/12/1990	3a. Date of Last Report 04/29/1994
4. FEI Number 59-3021189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.01, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State Apt # etc	22. Mailing Address State Apt # etc
23. City & State	24. City & State
25. Zip	26. Zip

9. Name and Address of Current Registered Agent VOSS, MARY J. 7612 BLIND PASS ROAD ST. PETERSBURG BEACH FL 33706	10. Name and Address of New Registered Agent
B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)
B3. City	B4. State
B5. Zip Code	

11. Pursuant to the provisions of Sections 607.02(2) and 607.03(1) Florida Statutes, the above named corporation certifies the 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 hereby waiving and accepting the jurisdiction of the Secretary of State, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS, AND OFFICERS
NAME: DPT VOSS, ARTHUR H., SR. STREET ADDRESS: 7612 BLIND PASS RD ST. PETERSBURG BCH FL	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DVS VOSS, MARY J. STREET ADDRESS: 7612 BLIND PASS RD ST. PETERSBURG BCH, F	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME: _____	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption afforded by Section 199.01(4), Florida Statutes. I further certify that the information is submitted as the annual report or supplemental annual report as true and accurate and that the signatories 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 appointed to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached report, with my address.

SIGNATURE: *Mary J. Voss* MARY J. VOSS - VICE PRESIDENT/SECY.
DATE: 3/7/95 (813)367-8851