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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **M81880** **(0)**

1. Corporation Name

**PAPPAS GREEK SALADS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10041 NO DALE MABRY<br>TAMPA FL 33618<br>US | 10041 NO DALE MABRY<br>TAMPA FL 33618<br>US |

3. Date Incorporated or Qualified: **05/17/1988**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2067610** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

**PAPPAS, LUCAS L.**
**10041 NO DALE MABRY**
**TAMPA FL 33618**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0202 and 607.1502, 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. Signature(s) hereby, the corporation's board of directors hereby, accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | MANGOS, CYNTHIA | |
| STREET ADDRESS | 10041 NORTH DALE MABRY | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | ☐ DELETE |
| NAME | MANGOS, CHISTO J. | |
| STREET ADDRESS | 10041 NORTH DALE MABRY | |
| CITY-ST-ZIP | TAMPA 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 | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 TITLE | ☐ Change | ☐ Addition |
| 1 NAME | | |
| 1 STREET ADDRESS | | |
| 1 CITY-ST-ZIP | | |
| 2 TITLE | ☐ Change | ☐ Addition |
| 2 NAME | | |
| 2 STREET ADDRESS | | |
| 2 CITY-ST-ZIP | | |
| 3 TITLE | ☐ Change | ☐ Addition |
| 3 NAME | | |
| 3 STREET ADDRESS | | |
| 3 CITY-ST-ZIP | | |
| 4 TITLE | ☐ Change | ☐ Addition |
| 4 NAME | | |
| 4 STREET ADDRESS | | |
| 4 CITY-ST-ZIP | | |
| 5 TITLE | ☐ Change | ☐ Addition |
| 5 NAME | | |
| 5 STREET ADDRESS | | |
| 5 CITY-ST-ZIP | | |
| 6 TITLE | ☐ Change | ☐ Addition |
| 6 NAME | | |
| 6 STREET ADDRESS | | |
| 6 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this 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 with an indication for an address change.

**SIGNATURE:** Cynthia P. Mangos Cynthia P. Mangos 3/28/96 813-962-2033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number