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 # **P37165** **(8)**

1. Corporation Name
PAPA GINO'S, INC.

Principal Place of Business
600 PROVIDENCE HIGHWAY
DEDHAM MA 02024

Mailing Address
600 PROVIDENCE HIGHWAY
DEDHAM MA 02024

3. Date Incorporated or Qualified: **01/17/1992**
3a. Date of Last Report: **09/06/1995**

2. Principal Place of Business
21 **600 Providence Hwy**
Suite, Apt. #, etc.
22
City & State
23 **Dedham, MA 02026**
Zip 24 **02026** Country 25 **US**

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

4. FEI Number: **33-0491264** ☐ 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

9. Name and Address of Current Registered Agent

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

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 607.0502 and 607.1501, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	TAFT, ROBERT		12 NAME	
STREET ADDRESS	600 PROVIDENCE HWY.		13 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA 02026		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GALLIGAN, THOMAS J		22 NAME	
STREET ADDRESS	600 PROVIDENCE HWY.		23 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA 02026		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ADAMS, JAYNNE		32 NAME	
STREET ADDRESS	600 PROVIDENCE HWY.		33 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA 02026		34 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JOSEPH		42 NAME	
STREET ADDRESS	600 PROVIDENCE HWY.		43 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA 02026		44 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	WHITE, JAMES		52 NAME	
STREET ADDRESS	600 PROVIDENCE HWY.		53 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA 02026		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	LUBIN, RICHARD K.		62 NAME	
STREET ADDRESS	17 ASCENTA TERRACE		63 STREET ADDRESS	
CITY-ST-ZIP	W. NEWTON MA 02165		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is accurate. For profit corporations only, to the extent required in Section 319.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual 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 if changed, or added, above.

SIGNATURE: Jaynne Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 1996
Date