

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 02026
US**

Mailing Address
**600 PROVIDENCE HIGHWAY
DEDHAM MA 02024**

FILED
Aug 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DEERY, CRAIG H**
STREET ADDRESS **175 FEDERAL ST 10TH FL**
CITY-ST-ZIP **BOSTON MA**

TITLE **PCEO** ☐ DELETE

NAME **GALLIGAN, THOMAS J**
STREET ADDRESS **600 PROVIDENCE HWY.**
CITY-ST-ZIP **DEDHAM MA**

TITLE **D** ☐ DELETE

NAME **JONES, ROSS M**
STREET ADDRESS **ONE BOSTON PL #3425**
CITY-ST-ZIP **BOSTON MA**

TITLE **D** ☐ DELETE

NAME **HALE, WILLIAM C**
STREET ADDRESS **8 CHERRY ST**
CITY-ST-ZIP **DANVERS M**

TITLE **D** ☐ DELETE

NAME **VALENTI, NICK**
STREET ADDRESS **120 W 45TH ST**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE

NAME **ZACHEM, TYLER T**
STREET ADDRESS **101 E 52ND ST 31ST FL**
CITY-ST-ZIP **NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

02110

GALLIGAN III, THOMAS J

02026

ONE BOSTON PLACE, SUITE 3300

02108

DANVERS, MA

01923

10036

10022

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(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 on an attachment with an address.

SIGNATURE **K. S. KATHARAKIS**

CR2E034 (5/98)