SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000076321 (7)**

1. Corporation Name

PAPA'S PIZZA INC.

Principal Place of Business	Mailing Address
HWY 98 PO BOX 545 EASTPOINT FL 32328 US	HWY 98 PO BOX 545 EASTPOINT FL 32328 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-3209636 ☐ 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

CREAMER, EDDIE D
OLD FERRY RD
EASTPOINT FL 32328

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: Eddie Creamer President — Eddie Creamer — 6-9-95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	president	☑ Change ☐ Addition
NAME	CROSBY, LINDA M	12 NAME	Eddie Creamer	
STREET ADDRESS	OLD FERRY RD & NORVELL	13 STREET ADDRESS	Old Ferry RD	
CITY ST ZIP	EASTPOINT FL	14 CITY ST ZIP	EASTPoint FL 32328	
TITLE	ST	21 TITLE	Secretary	☑ Change ☐ Addition
NAME	CREAMER, EDDIE	22 NAME	Kathy Creamer	
STREET ADDRESS	OLD FERRY RD	23 STREET ADDRESS	Franklin St.	
CITY ST ZIP	EASTPOINT FL	24 CITY ST ZIP	Eastpoint FL 32328	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Eddie Creamer — 6-9-95 — (904)670-8024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

01207P15 FP