SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P93000077937 (9) PAPPY'S, INC. Mailing Address Principal Place of Business 11913 LORETTO SOUARE DR S 5642 BOWDEN RD #1401 JACKSONVILLE FL 32216 3a. Date of Last Report JACKSONVILLE FL 32223 3. Date Incorporated or Qualified 01/25/1995 US 11/10/1993 Applied For 4. FEI Number Mailing Address 2a. 2. Principal Place of Business Not Applicable 59-3209499 26 \$8.75 Additional 21 Suite, Apt. #, etc. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199.032, 23 Country Zip Country Yes No Zip Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name VINCE A PAPPALARDO Street Address (P.O. Box Number is Not Acceptable) 11913 LORETTO SQUARE DR S #1401 83 JACKSONVILLE FL 32223 85 Zip Code 84 City 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. (NOTE Registered Agent signature required when reinstating) SIGNATURE Signature, typed or predict harm of registers a agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) 13. OFFICERS AND DIRECTORS Change Addition 12. DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME PAPPALARDO, VINCE A NAME 13 STREET ADDRESS 11913 LORETTO SQUARE DR S STREET ADDRESS 1 4 CITY - ST - ZIP JACKSONVILLE FL Change Addition CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST-ZIP Change Addition CITY - ST - ZIP DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Addition Change CITY-ST-ZIP DELETE 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 6 1 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 the sanged or on an attachment with an address. 6 4 CITY - ST - ZIP VINCE A. POPPALARNO