

**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 # P95000012703 (1)**

1. Corporation Name  
**PAPA NICK'S, INC.**



Principal Place of Business: **C/O JEFFERSON F. RIDDELL, P.A. 3400 S. TAMiami TRAIL SARASOTA FL 34239**  
Mailing Address: **C/O JEFFERSON F. RIDDELL, P.A. 3400 S. TAMiami TRAIL SARASOTA FL 34239**

3. Date Incorporated or Qualified: **02/13/1995**      3a. Date of Last Report

4. FEI Number: **65-0558158**      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 **3012 Grafton**      2a. Mailing Address

Suite, Apt. #, etc.

22      26

City & State: **Sarasota, FL**      27 Suite, Apt. #, etc.

23      27

Zip: **34231**      Country: **US**      28 City & State

24      25      29 Zip      30 Country

9. Name and Address of Current Registered Agent: **RIDDELL, JEFFERSON F 3400 S. TAMiami TRAIL SARASOTA FL 34239**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	DPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	Nikias, George
STREET ADDRESS		3. STREET ADDRESS	75 S. Beneva Rd
CITY-ST-ZIP		4. CITY-ST-ZIP	Sarasota, FL 34232
TITLE	<input type="checkbox"/> DELETE	2. TITLE	DVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	Nikias, Manny
STREET ADDRESS		2.3 STREET ADDRESS	3012 Grafton
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	<input type="checkbox"/> DELETE	3. TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<b>100001810381</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>-05/07/96--01017--027</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>***200.00</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: George N. Nikias      George N. Nikias      4-13-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #

CR2E034 (12/95)

5/16/96