PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILED May 23, 2001 8:00 am Secretary of State 05-23-2001 90226 037 ***150.00

T# 533583 PAPA LOUIS RESTAURANT, INC **DOCUMENT #**

TAMPA F 336 P2 Principal Place of Business 2.a. Maling Address 2.a. Maling Addres			· · ·		0061
TAMPA FC 33 6 PV S. Delle Incorporated or Occalifed Sa. Delle of Last Report Applied FV	Principal Place of Business]	9864
Principal Place of Business 2e, Maling Address	11612 N NGB	RASKA AVE	#(•
Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite 5. Cardicate of Statute Desired 58.75 Addition 58	TAMPA 1	元 33612	-	3. Date Incorporated or Qualified	3a. Date of Last Report
Cry & State County S. County S. This composition is bally for interplain its uncles is 199. CRUZ. Posture to five provisions of Sections 607.600. Brond State of the state of Charging is registered Agent The Cry & State The Cry & State Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Cry & State The Cry & State Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Cry & State The Cry & State Street Address (P.O. Box Number is Not Acceptable) The Cry & State The Cry & State Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Cry & State The Cry & State Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Cry & State The Cry & State The Cry & State Street Address (P.O. Box Number is Not Acceptable) The Cry & State Th	Principal Place of Business	——————————————————————————————————————	-	4. FEI Number 306 78	7 Applied For Not Applicable
ZD Country Zp Country 8. This composition for balling or interrigible set under a 198.032, 29 100 S. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address of Name and Address of Name Agent Agent 10, Name and Address of Name Agent Agent 10, Name and Name an	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	•
9. Name and Address of Current Registared Agent ### FILE 10 10 Name and Address of Current Registared Agent 10. Name and Address of New Registared Agent #### FILE 10 Name 10 Name and Address of New Registared Agent #### FILE 10 Name 10 Name and Address of New Registared Agent #### FILE 10 Name 10 Name and Address of New Registared Agent #### FILE 10 Name 10 Name and Address of New Registared Agent #### FILE 10 Name 10 Name and Address of New Registared Agent #### FILE 10 Name 10 Name and Address of New Registared Agent #### FILE 10 Name 10 Name and Address of New Registared Agent #### FILE 10 Name and Ad	City & State				
## TAMPA FL 33612 Pursuant to the provisions of Section 607 600 and 607 1508, Portical Stitutes, 1 he above named corporation submits this statement for the purpose of changing its requirement dependence of the corporation submits this statement for the purpose of changing its requirement dependence of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of the corporation of the corporation of board of directors, 1 hereby accept the appointment as requirement dependence of the corporation of the appointment and accept the acceptance of the acceptance of the acceptance of the acceptance	25	29		1 -	The state of the s
B2 Street Actoress (P.O. Box Number is Not Acceptable)	9. Name and Address of	Current Registered Agent		10. Name and Address of New Re	gistered Agent
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. I've above-harmed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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. NATURE Separate special remark of inguisered agent and see if applicable. POTE F. Quisered Agent signalure required when remaining OATS. OFFICERS AND DIRECTORS 13. ADDITIONS CHAIN \$55.TO UFFICERS AND DIRECTORS 13. ADDITIONS CHAIN \$55.TO UFFICERS AND DIRECTORS 13. INTIRE Change Addition 13. INTIRE Change Addition 13. INTIRE Change Addition 13. SIRECT ADDRESS 14. COTY-51-2P DELETE 3.1 TITLE Change Addition 14. Change Addition 15. TITLE Change Addition 16. Change Addition 17. STREET ADDRESS 18.		•	82 Street Addres	ss (P.O. Box Number is Not Acceptable	e)
Pursuant to the processors of Sections 607 0502 and 607, 1508. Profes Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Findia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am families with, and accept the obligations of, Section 607,0506, Floridas Statutes. SNATURE Septian, types or period remain of registered agent and that supplease. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES AND CHESTERS AND	TAMPA FI 3	,3612			85 Zip Code
Signature, lipsed or printed name of regulated agent and tised a applicable. OFFICERS AND DIRECTORS E OFFICERS AND DIRECTORS II GIZ - C N, NGBRA-S-RA II SITER ADDRESS II GIZ - C N, NGBRA-S-RA II SITER ADDRESS II GIZ - C N, NGBRA-S-RA II SITER ADDRESS II GIZ - C N, NGBRA-S-RA II SITER ADDRESS II GIZ - C N, NGBRA-S-RA II SITER ADDRESS II GIZ - C N, NGBRA-S-RA II SITER ADDRESS II GIZ - C N, NGBRA-S-RA II SITER ADDRESS II GIZ - C N, NGBRA-S-RA II GIZ - C N, NGBRA-S-RA II GIZ - C N, NGBRA-S-RA II SITER ADDRESS II GIZ - C N, NGBRA-S-RA II SITER ADDRESS II GIZ - C N, NGBRA-S-RA II GIZ - C N, NGBRA-S-RA II SITER ADDRESS II GIZ - C N, NGBRA-S-RA II GIZ - C N, NGBRA-S	Pursuant to the provisions of Sections 60 or registered agent, or both, in the State)7.0502 and 607,1508, Florida Statutes, of Florida, Such change was authorized	the above-named corporate to the corporation's board	ion submits this statement for the purp of directors. I hereby accept the appo	oose of changing its registered office
Signature, freed to premade name of required any and acquised. OFFICERS AND DIRECTORS 1.1 ITTLE 1.2 NAME 1.3 ADDITIONS-CH-27-325 TO OFFICERS AND DIRECTORS 41 2 E. F. T. A. B. D. U.G. F. R. S.	GNATURE			(,	
TET ADDRESS I GIA C N, NGBRAS A 1.1 TITLE 1.2 NAME 1.2 NAME 2.2 TITLE 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-2P 2.5 TITLE 3.1 TITLE 3	Signature, typed or printed name of registe		Rigistered Agent signature required w		
IZ NAME IST ADDRESS II GIZ - C N , NGBRAS A ISTREET ADDRESS IA CITY ST - ZIP DELETE I STREET ADDRESS 22 NAME 23 STREET ADDRESS 24 CITY ST - ZIP DELETE 12 NAME 13 STREET ADDRESS 24 CITY ST - ZIP Change Addition Addition Addition Addition Addition Addition EET ADDRESS ST - ZIP DELETE 12 NAME 13 STREET ADDRESS 44 CITY ST - ZIP Change Addition Addition ET ADDRESS ST - ZIP DELETE 13 STREET ADDRESS 44 CITY ST - ZIP Change Addition Addition ET ADDRESS ST - ZIP DELETE ST - STREET ADDRESS ALC ITY ST - ZIP Change Addition Addition Addition Addition Addition Addition Addition Addition Addition ST - ZIP DELETE ST - STREET ADDRESS ST - ZIP DELETE			13.	ADDITIONS CHANGES TO CEFT	
DELETE 2. TITLE 2. NAME 22 NAME 22 NAME 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP ET ADDRESS - ST - ZIP DELETE 3.1 TITLE 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP DELETE 4.1 TITLE Change Addition 42 NAME 42 NAME 43 STREET ADDRESS - ST - ZIP DELETE 5.1 TITLE Change Addition 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE Change Addition 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE Change Addition 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE Change Addition 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE Change Addition 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE Change Addition 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 51 - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 54 - ZIT - ZIP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS 54 - ZIT - ZIP DELETE 5.1 TITLE 54 - ZIT - ZIP DELETE 5.1 TITLE 55 NAME 56 NAME 57 - ZIP DELETE 5.1 TITLE 57 - ZIP DELETE 5.1 TITLE 58 - ZIT - ZIP DELETE 5.1 TITLE 59 - ZIT - ZIP DELETE 5.1 TITLE 50 - ZIT - ZIP DELETE 5.1 TITL	11612-C. N	, NGBRASKA	1.2 NAME	VO Chan	G Change G Addition
23 STREET ADDRESS 24 CITY-ST-ZIP ET ADDRESS 25 T-ZIP DELETE 3.1 TITLE 1.2 NAME 4.1 STREET ADDRESS -ST-ZIP DELETE 4.1 TITLE Change Addition LET ADDRESS -ST-ZIP DELETE 4.1 TITLE Change Addition LET ADDRESS -ST-ZIP DELETE 5.1 TITLE Change Addition LET ADDRESS -ST-ZIP DELETE S.1 TITLE LET ADDRESS S.1 STREET ADDRESS S.2 NAME S.3 STREET ADDRESS S.3 STREET ADDRESS S.4 CITY-ST-ZIP LO hereby certify that the information supplied with this filing is voluntarily furnished cind does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indigated on this annual report or supplemental annual report is fuce and accurate and that my signature shall have the same legal effect as if made under out; that I am an officer or director of the corporation or the receiver or trustee empty wered 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 address.	LE	DELETE	2. 1 TITLE		Change Addition
DELETE 3.1 TITLE	REET ADDRESS	The second se	2.3 STREET ADDRESS	<u></u>	
12 NAME 13. STREET ADDRESS 14. CITY-ST-ZIP DELETE 4. TITLE 4. STREET ADDRESS -ST-ZIP DELETE 5. ST. ZIP DELETE 5. STAME 5. SAME 5. SAME 5. SAME 5. STAME 5. SAME 5. SAME 5. SAME 5. SAME 5. STAME 5. SAME 5. S		C Doueste			. C Change
SET ADDRESS -ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS -ST-ZIP DELETE 5.1 TITLE Change Addition	†				Citalige C Addition
ST-ZIP DELETE 1.1 TITLE Change Addition	į			•	•
DELETE 4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS -ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS -ST-ZIP DELETE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.1 ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 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 or 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 empc wered 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 attachapent with an address.					
Addition Change Addition	1-21-2IP	□ nerer			Change Addition
Addition ET ADDRESS -ST-ZIP DELETE DELETE DELETE S.1 TITLE S.2 NAME S.2 NAME S.3 STREET ADDRESS -ST-ZIP DELETE S.1 TITLE Change Addition	45		1		
4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS -ST-ZIP DELETE 5.1 TITLE 5.1 TITLE Change Addition Change Addition Change Addition	· .				
DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 1.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 1.4 CITY-ST-ZIP 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 diffector of the corporation or the receiver or trustee empt wered 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 attachagent with an address.	· I				
52 NAME 53 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TIFLE 5.1 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.1-ZIP 1 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 diffector of the corporation or the receiver or trustee empt wered 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.		□ DELETE			☐ Channa ☐ Addition
S.3 STREET ADDRESS S.4 CITY-ST-ZIP DELETE 5.1 TIFLE 5.2 NAME 1.3 STREET ADDRESS ST-ZIP 1 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 diffector of the corporation or the receiver or trustee empt wered 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.		C perete	1	•	C committee C security
5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.1 TIFLE 5.1 TIFLE 5.1 TIFLE 5.1 TIFLE 5.1 TIFLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6 To 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 diffector of the corporation or the receiver or trustee empt wered 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.	\ \		1		* · · · · · · · · · · · · · · · · · · ·
DELETE 5.1 Tifle			€ (, ч
is a NAME is a Street Address	-ST-ZtP			<u> </u>	C1 (%
ET ADDRESS ST-ZIP 1 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 indigated 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 diffector of the corporation or the receiver or trustee empt wered 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.	_	☐ DELETE	5. 1 TITLE		Cuaude 🖂 voquioù
ST-ZIP Ido 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 diffector of the corporation or the receiver or trustee empt wered 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.	Ē	•	3.2 NAME		
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 empt wered 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 attachaptent with an address.	ET ADDRESS		3.3 STREET ADDRESS		
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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empc wered 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.					
1610 Kohana M	earthy that the information indigated on the	is annual report or supplemental annual a	report is true and accurate	and that my signature shall have the s	ame legal effect as if made under
		a, or on an attachinent with an address.	λ		