

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 # **S81389** (6)

1. Corporation Name

PAPA JOE'S OF DELTONA, INC.



Principal Place of Business

**1382 HOWLAND BLVD.
110
DELTONA FL 32738
US**

Mailing Address

**1382 HOWLAND BLVD.
SUITE 110
DELTONA FL 32738
US**

3. Date Incorporated or Qualified

09/19/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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4. FEI Number

59-3085070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**GRIMALDI, RICHARD T.
260 WIMBLEDON CIRCLE
HEATHROW FL 32746**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1412 SHADWELL CIR.**

84 City **HEATHROW**

FL

85 Zip Code **32746**

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

Giuseppe Giambro
Signature, type or printed name of registered agent and file if applicable.

GIUSEPPE GIAMBRONE
(NOTE: Registered Agent signature required when reinstating)

4/24/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
NAME GRIMALDI, RICHARD T.
STREET ADDRESS 260 WIMBLEDON CIRCLE
CITY - ST - ZIP HEATHROW FL**

TITLE ☐ DELETE

**V
NAME GIAMBRONE, GIUSEPPE
STREET ADDRESS 3045 VERNARD ST
CITY - ST - ZIP DELTONA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

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

☒ Change ☐ Addition

**P
GRIMALDI, RICHARD T.
1412 SHADWELL CIR.
HEATHROW, FL. 32746**

☒ Change ☐ Addition

**V
GIAMBRONE, GIUSEPPE
455 SAXON BLVD.
DELTONA, FL. 32725**

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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:

Giuseppe Giambro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIUSEPPE GIAMBRONE

Date

4/24/96

Daytime Phone #

(407) 774-4100

CR2E034 (12/95)