FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V15943** **(6)**

1. Corporate Name
PAPA DANS, INC.

Principal Place of Business
HWY 20 @ SHEFFIELD CENTER
INTERLACHEN FL 32148
US

Mailing Address
P.O. BOX 1943
INTERLACHEN FL 32148
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1992**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3107897** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) County (25) Zip (29) County (30)
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRIANTI, ROSEMARY
RT. 2 BOX 139
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

81 Name: JEFFREY L. WESLEY
82 Street Address (P.O. Box Number is Not Acceptable): Rt 2, Box 139
83
84 City: Interlachen **FL** 85 Zip Code: 32148

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: Jeffrey L. Wesley (Signature of New Registered Agent, if changed, or of Current Registered Agent, if not changed) DATE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	11 TITLE	☒ Change ☐ Addition
02 NAME	PRIANTI, ROSEMARY	12 NAME	JEFFREY L. WESLEY
03 STREET ADDRESS	RT. 2 BOX 139	13 STREET ADDRESS	Rt 2, Box 139
04 CITY ST ZIP	INTERLACHEN FL	14 CITY ST ZIP	Interlachen, FL 32148
05 TITLE	D	21 TITLE	☒ Change ☐ Addition
06 NAME	CUSTEAD, OLIVER	22 NAME	NONE
07 STREET ADDRESS	RT. 3 BOX 160	23 STREET ADDRESS	
08 CITY ST ZIP	INTERLACHEN FL	24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: Jeffrey L. Wesley 4/28/95 904-684-3289
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #

0403979 FP