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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V30644

PAPA DAN'S FOOD STORES, INC.

FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90061 026 ***150.00



Dringinal Place		5 6 10						
FILICIPAL FIACE	of Business	Mailing Address						
9914 N. NEBRASKA AVE. TAMPA FL 33612		P.O. BOX 9561 Tampa FL 33674						
		US			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qua	alifed		
					04/22/1992			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21		26			59-3118817			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desi	red 🗆	\$8.75 A	
2		27						
City & State	•	City & State			6. Election Campaign Financing S5.00 May Be			
23		28		-A	Trust Fund Contribution			10 1 663
Zip	Country	Zip	Cour	ııry	8.: This corporation owes the Personal Property Tax.	ie current year ii	italigible Maries	□No
24	25	29	30		10. Name and Address of	New Registerer		
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Halla dita Addices of			
ADIA	e cel cetino	ě.						
	S, CELESTINO			82 Street	Street Address (P.O. Box Number is Not Acceptable)			
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						F		registered
	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Stati	ites, trie at	JUVE-Halfied	eration's board of directors. I bereby	accept the app	ointment as re	gistered
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agent. I ar	m familiar with, and accept the oblig				Hattory's board of directors. Thoreby			
agent. I at	m familiar with, and accept the oblig	ations of, Section 607.0505, F	orida Statu	ites.				
agent. I ar	m familiar with, and accept the oblig. Signature, typed or printed name of registered ag-	ent and title if applicable. (NO	orida Statu	ites.	equired when reinstating) ?/ ?? ;; ;	DATE		
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4. I hereby certify that the information supplied with this filling 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 in the case when a modern 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 trusted 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 the attachment with an address, with all other like empowered.

SIGNATURE: _

URE AND SEPTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ARIAS

1/20/99 (8/3) 93/-5028