

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V70621** (0)

1. Corporation Name

**PAPA JOE'S OF DEBARY, INC.**



Principal Place of Business

Mailing Address

**2975 ENTERPRISE ROAD  
DEBARY FL 32713**

**2975 ENTERPRISE ROAD  
DEBARY FL 32713**

3. Date Incorporated or Qualified  
**10/09/1992**

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

24

25

29

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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 Giambrone*

*GIUSEPPE GIAMBORNE VICE/PRES*

*4/24/94*

Signature of officer, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD GRIMALDI, RICHARD**  
STREET ADDRESS **260 WIMBLEDON CIRCLE**  
CITY-ST-ZIP **HEATHROW FL**

TITLE ☐ DELETE  
NAME **VD GIAMBORNE, GIUSEPPE**  
STREET ADDRESS **3045 VERNARD STREET**  
CITY-ST-ZIP **DELTONA FL**

TITLE ☐ DELETE  
NAME **ST GIAMBORNE, MIMA**  
STREET ADDRESS **3045 VERNARD STREET**  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P GRIMALDI, RICHARD**  
1.3 STREET ADDRESS **1412 SHADWELL CIR.**  
1.4 CITY-ST-ZIP **HEATHROW, FL. 32746**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **V GIAMBORNE GIUSEPPE**  
2.3 STREET ADDRESS **455 SAXON BLVD.**  
2.4 CITY-ST-ZIP **DELTONA, FL. 32725**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **ST GIAMBORNE, MIMMA**  
3.3 STREET ADDRESS **455 SAXON BLVD**  
3.4 CITY-ST-ZIP **DELTONA, FL. 32725**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Giuseppe Giamborne*  
**GIUSEPPE GIAMBORNE**

*4/24/94* (407) 774-4300  
Date Daytime Phone #

CR2E034 (12/95)