

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F93000005115 (1)

1. Corporation Name
PAPA JOHN'S USA, INC.



Principal Place of Business: **11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY 40299**
Mailing Address: **11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY 40299**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1993**
4. FEI Number: **61-1193912** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	SCHNATTER, JOHN H	
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175	
CITY-ST-ZIP	LOUISVILLE KY 40299	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HURST, BLAINE	
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	SCHNATTER, CHARLES W	
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	TCFO	<input type="checkbox"/> DELETE
NAME	TILBY, E. DRUCILLA	
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175	
CITY-ST-ZIP	LOUISVILLE KY 40299	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	ONEY, WADE S	
STREET ADDRESS	11492 BLUEGRASS PKWY	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* DATE: **5/20/98** (1097) 246-5700

CR2E034 (10/97)