

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37165 (8)**

1. Corporation Name  
**PAPA GINO'S, INC.**



Principal Place of Business: **600 PROVIDENCE HIGHWAY DEDHAM MA 02024**  
Mailing Address: **600 PROVIDENCE HIGHWAY DEDHAM MA 02024**

2. Principal Place of Business: **21 600 Providence Hwy 22 Dedham, MA 02026 23 02026 24 US 25**  
2a. Mailing Address: **26 600 Providence Hwy 27 Dedham, MA 02026 28 02026 29 US 30**

3. Date Incorporated or Qualified: **01/17/1992**  
3a. Date of Last Report: **09/06/1995**  
4. FEI Number: **33-0491264**  
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 has liability for intangible tax under s. 193.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **C T 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 607.06(2) and 607.1501, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PCD</b>	<input type="checkbox"/> DELETE	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TAFT, ROBERT</b>		12 NAME:	
STREET ADDRESS: <b>600 PROVIDENCE HWY.</b>		13 STREET ADDRESS:	
CITY-STATE-ZIP: <b>DEDHAM MA 02026</b>		14 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	15 TITLE:	
NAME: <b>GALLIGAN, THOMAS J</b>		16 NAME:	
STREET ADDRESS: <b>600 PROVIDENCE HWY.</b>		17 STREET ADDRESS:	
CITY-STATE-ZIP: <b>DEDHAM MA 02026</b>		18 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	19 TITLE:	
NAME: <b>ADAMS, JAYNNE</b>		20 NAME:	
STREET ADDRESS: <b>600 PROVIDENCE HWY.</b>		21 STREET ADDRESS:	
CITY-STATE-ZIP: <b>DEDHAM MA 02026</b>		22 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>AS</b>	<input type="checkbox"/> DELETE	23 TITLE:	
NAME: <b>JOHNSON, JOSEPH</b>		24 NAME:	
STREET ADDRESS: <b>600 PROVIDENCE HWY.</b>		25 STREET ADDRESS:	
CITY-STATE-ZIP: <b>DEDHAM MA 02026</b>		26 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>AS</b>	<input type="checkbox"/> DELETE	27 TITLE:	
NAME: <b>WHITE, JAMES</b>		28 NAME:	
STREET ADDRESS: <b>600 PROVIDENCE HWY.</b>		29 STREET ADDRESS:	
CITY-STATE-ZIP: <b>DEDHAM MA 02026</b>		30 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	31 TITLE:	
NAME: <b>LUBIN, RICHARD K.</b>		32 NAME:	
STREET ADDRESS: <b>17 ASCENTA TERRACE</b>		33 STREET ADDRESS:	
CITY-STATE-ZIP: <b>W. NEWTON MA 02165</b>		34 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is accurate, true and correct, to the best of my knowledge and belief, and that the information is true and correct, 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 secretary or authorized person 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 or without fees.

SIGNATURE: *Jayne Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 1996

CR2E034 (12/95)