

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M86274** (1)

1. Corporation Name  
**GREAT SUBS INCORPORATED**



Principal Place of Business Mailing Address  
**C/O NICKOLAS GOUTIS  
1802 US 19 NORTH  
HOLIDAY FL 34691**

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **06/21/1988** 3a. Date of Last Report **01/19/1995**  
4. FEI Number **59-2894951** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**GOUTIS, NICKOLAS  
1802 US 19 NORTH  
HOLIDAY FL 34691**

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 I accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Nickolas Goutis* **NICKOLAS GOUTIS** PRESIDENT DATE: **2-7-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  DELETE  
NAME **P GOUTIS, NICKOLAS**  
STREET ADDRESS **278 WOOD DOVE AVE**  
CITY-ST-ZIP **TARPON SPRINGS FL**  
2. TITLE  DELETE  
NAME **V KATARELOS, DIMITRIS**  
STREET ADDRESS **1429 TURNER ST.**  
CITY-ST-ZIP **CLEARWATER FL**  
3. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP  
5. TITLE  Change  Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP  
13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. 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 affidavit with an address.

SIGNATURE: *Nickolas Goutis* **NICKOLAS GOUTIS** PRESIDENT DATE: **2-7-96** (813) 937-6106

CR2E034 (12/95)