

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90139 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katharine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P92000014025

1. Corporation Name  
 SUBWAY OF LIVE OAK, INCORPORATED



Principal Place of Business 1427 NORTH OHIO AVENUE LIVE OAK FL 32060	Mailing Address 1427 NORTH OHIO AVENUE LIVE OAK FL 32060
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1993	4. FEI Number 59-3153764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 6820 SUWANNEE PLAZA LANE Suite, Apt. #, etc. 22	2a. Mailing Address 26 6820 SUWANNEE PLAZA LANE Suite, Apt. #, etc. 27
City & State 23 LIVE OAK FL	City & State 28 LIVE OAK FL
Zip Country 24 32060 25 SUWANNEE	Zip Country 29 32060 30 SUWANNEE

9. Name and Address of Current Registered Agent  
 LESTOCK, JAMES J  
 1427 NORTH OHIO AVENUE  
 LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6820 SUWANNEE PLAZA LANE
83
84 City LIVE OAK
85 Zip Code FL 32060

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	LESTOCK, JAMES J	
STREET ADDRESS	4 ST. JAMES AVE.	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LESTOCK, NANCY A	
STREET ADDRESS	4 ST JAMES AVE.	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: James J. Lestock DATE: 3-3-99 904-719-6872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)