

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

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90139 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P94000044437**

1. Corporation Name
SUBWAY OF HIGHWAY 47, INCORPORATED

Principal Place of Business
 RT. 15, BOX 3000
 LAKE CITY FL 32025
 US

Mailing Address
 RT. 15, BOX 3000
 LAKE CITY FL 32025
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/27/1994

4. FEI Number **59-3233375**
 Applied For
 Not Applicable

2. Principal Place of Business
 21 **2852 EAST BAYA AVE**

2a. Mailing Address
 26 **2852 EAST BAYA AVE**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 Suite, Apt. #, etc.
 23 **LAKE CITY FL**

27 Suite, Apt. #, etc.
 28 **LAKE CITY, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **32025** 25 **COLUMBIA**

29 **32025** 30 **COLUMBIA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

LESTOCK, JAMES J
RT. 15, BOX 3000
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2852 EAST BAYA AVE
 83
 84 City **LAKE CITY** FL 85 Zip Code **32025**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTOCK, JAMES J	1.2 NAME	
STREET ADDRESS	4 SAINT JAMES AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTOCK, NANCY A	2.2 NAME	
STREET ADDRESS	4 SAINT JAMES AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99 904-719-6872
 Date Daytime Phone #

CR2E034 (1/198)