FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

MAY -1 PM 2:57

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073847 (3)**

1. Corporate Name
TAMPA SUPER SUBS, INC.

Principal Place of Business	Mailing Address
5505 W NASSAU ST TAMPA FL 33607	5505 W NASSAU ST TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/07/1994**
3a. Date of Last Report:

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

4. FEI Number: **59-3272630** ☐ 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 § 199 (U.S. Florida Statutes) ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SISK, SHELBY E
8302 RIVERBOAT DR
TAMPA FL 33637

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 Section 607.1502 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 607.1508, Florida Statutes.

SIGNATURE
(If changing registered agent, registered agent must sign here.) (If changing registered agent's address, registered agent must sign here.) (If changing registered agent's name, registered agent must sign here.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	PVD	31 Title	☐ Change ☐ Addition
32 Name	SISK, SHELBY E	32 Name	
33 Street Address	8302 RIVERBOAT DR	33 Street Address	
34 City, St, Zip	TAMPA FL 33637	34 City, St, Zip	
35 Title	SD	35 Title	☐ Change ☐ Addition
36 Name	SISK, VALERIE A	36 Name	
37 Street Address	8302 RIVERBOAT DR	37 Street Address	
38 City, St, Zip	TAMPA FL 33637	38 City, St, Zip	
39 Title		39 Title	☐ Change ☐ Addition
40 Name		40 Name	
41 Street Address		41 Street Address	
42 City, St, Zip		42 City, St, Zip	
43 Title		43 Title	☐ Change ☐ Addition
44 Name		44 Name	
45 Street Address		45 Street Address	
46 City, St, Zip		46 City, St, Zip	
47 Title		47 Title	☐ Change ☐ Addition
48 Name		48 Name	
49 Street Address		49 Street Address	
50 City, St, Zip		50 City, St, Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, St, Zip		54 City, St, Zip	
55 Title		55 Title	☐ Change ☐ Addition
56 Name		56 Name	
57 Street Address		57 Street Address	
58 City, St, Zip		58 City, St, Zip	

14. I 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)(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 added to the report or is attached with an address.

SIGNATURE: Shelby E. Sisk (President) 28 APR 95 1-813-286-7690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202714 CP

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DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074113 (9)

1. Corporate Name

LAKESIDE RESTAURANT OF OKEECHOBEE, INC.

Principal Place of Business	Mailing Address
2117 HIGHWAY 441 S.E. OKEECHOBEE FL 34974	2117 HIGHWAY 441 S.E. OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1994
3a. Date of Last Report:
4. FEI Number: 65 0530629 — 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PADULA, JANET M 2117 HIGHWAY 441 SOUTHEAST OKEECHOBEE FL 34974	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 ______ DATE ______

12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12	
TITLE	DP	1 TITLE	☒ Change ☐ Addition
NAME	PADULA, JANET M	1 NAME	
STREET ADDRESS	5939 FAIRGREEN RD.	1 STREET ADDRESS	2117 HWY 441 S.E.
CITY-ST-ZIP	WEST PALM BEACH FL 33417	1 CITY-ST-ZIP	OKEECHOBEE FLA 34974
TITLE	DVS	2 TITLE	☒ Change ☐ Addition
NAME	PADULA, FREDERICK	2 NAME	
STREET ADDRESS	5939 FAIRGREEN RD.	2 STREET ADDRESS	2117 HWY 441 S.E.
CITY-ST-ZIP	WEST PALM BEACH FL 33417	2 CITY-ST-ZIP	OKEECHOBEE, FLA 34974
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: JANET M. PADULA Janet M. Padula 4-10-95 813-763 5194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383338 CP