

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000072728 (3)**

1. Corporation Name

BLIMPIE OF CLEWISTON, INC.

Principal Place of Business

Mailing Address

**818 W ROYAL PALM AVE
CLEWISTON FL**

**818 W ROYAL PALM AVE
CLEWISTON FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1997

4. FEI Number

65-0785380

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 304 E. Sugarland Hwy

Suite, Apt. #, etc.

22 City & State

23 Clewiston, FL

Zip

24 33440

Country

25

2a. Mailing Address

26 304 E. Sugarland Hwy

Suite, Apt. #, etc.

27 City & State

28 Clewiston, FL

Zip

29 33440

Country

30

9. Name and Address of Current Registered Agent

**WATKINS, JOHN J
150 S MAIN ST
LABELLE FL**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William B. Young

William B. Young

4-27-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **HATFIELD, DWIGHT**
STREET ADDRESS **818 W ROYAL PALM AVE**
CITY-ST-ZIP **CLEWISTON FL**

TITLE **D** ☒ DELETE

NAME **HATFIELD, JANET**
STREET ADDRESS **818 W ROYAL PALM AVE**
CITY-ST-ZIP **CLEWISTON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition

1.2 NAME **William B. Young**
1.3 STREET ADDRESS **304 E. Sugarland Hwy.**
1.4 CITY-ST-ZIP **Clewiston, FL 33440**

2.1 TITLE **Vice President** ☐ Change ☒ Addition

2.2 NAME **Dennis E. Gann**
2.3 STREET ADDRESS **304 E. Sugarland Hwy.**
2.4 CITY-ST-ZIP **Clewiston, FL 33440**

3.1 TITLE **Secretary** ☐ Change ☒ Addition

3.2 NAME **Bertha Nell Gann**
3.3 STREET ADDRESS **304 E. Sugarland Hwy**
3.4 CITY-ST-ZIP **Clewiston, FL 33440**

4.1 TITLE **Treasurer** ☐ Change ☒ Addition

4.2 NAME **Rebecca A. Young**
4.3 STREET ADDRESS **304 E. Sugarland Hwy.**
4.4 CITY-ST-ZIP **Clewiston, FL 33440**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, on an attachment with an address.

SIGNATURE *William B. Young* **4-27-98** 941 983 3314

CR2E034 (10/97)