FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # **643443** **(5)**

1.

DIPASQUA SUBWAY NO. 311, INC.

Principal Place of Business	Mailing Address
5539 W COLONIAL DR ORLANDO FL 32808 US	167 LOOKOUT PLACE MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/30/1979**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1949919** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Office (if changed) / 2a. Mailing Address

21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 25 Country	29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

DIPASQUA, LUCY
167 LOOKOUT PLACE
MAITLAND FL 32751

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 617.0502, 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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS INFO
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	DIPASQUA, LUCY	NAME	
STREET ADDRESS	167 LOOKOUT PLACE	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	CITY-ST-ZIP	
TITLE	VTD	TITLE	☐ Change ☐ Addition
NAME	DIPASQUA, PETER, JR.	NAME	
STREET ADDRESS	167 LOOKOUT PLACE	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	GANSSLE, JEFF	NAME	
STREET ADDRESS	167 LOOKOUT PLACE	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(a), 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: Lucy DiPasqua
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0041845 CP