FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **H03373** **(8)**

1. Corporate Name

DIPASQUA SUBWAY NO. 749, INC.

Principal Place of Business	Mailing Address
8096 S ORANGE BLOSSOM TR ORLANDO FL 32809 US	167 LOOKOUT PLACE MAITLAND FL 32751

3. Date Incorporated or Qualified: 05/14/1984	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2391730	☐ 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/will be filing tax returns under § 220.032, Florida Statutes. ☐ Yes ☐ No	

21	26
22 State Apt # or Rm #	27 State Apt # or Rm #
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIPASQUA, LUCY 167 LOOKOUT PLACE MAITLAND FL 32751	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 hereby certify that the information supplied with this filing is substantially complete 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 report or supplemental report is true and accurate and that my signature shall serve as satisfaction of any filing fee for the reinstatement of the reserved name pursuant to Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an asterisk, as 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 above in Block 12 or Block 13 with an asterisk, as an officer or director with an address.

SIGNATURE: Lucy DiPasqua

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

Date

0041647 CP