**FILE NOW:**

Amended: #61.25

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 30 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** H 44761

1. Corporation Name
GIFF'S SUB SHOP FRANCHISE SYSTEM INC
4 CAMBRIDGE AVE
FT WALTON BEACH FL 32547

Principal Place of Business
4 CAMBRIDGE AVE FT WALTON BCH FL. 32547

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 SAME
22 Suite, Apt. #, etc.
23 City & State FT WALTON BCH FL
24 Zip 32547 25 Country OKALOOSA

2a. Mailing Address
26 4 CAMBRIDGE AVE
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified FEB 27 1985

4. FEI Number 59 259 6256 [ ] 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 the current year Intangible Personal Property Tax. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

LANCE H ARNETTE
4 CAMBRIDGE AVE
FT WALTON BCH FL 32547

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PRESIDENT [ ] DELETE | 11 TITLE | [ ] Change [ ] Addition |
| NAME | LANCE H ARNETTE | 12 NAME | |
| STREET ADDRESS | 4 CAMBRIDGE AVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BCH FL 32547 | 14 CITY-ST-ZIP | |
| TITLE | SECRETARY/TREASURER [ ] DELETE | 21 TITLE | [ ] Change [ ] Addition |
| NAME | LENORA E ARNETTE | 22 NAME | |
| STREET ADDRESS | 4 CAMBRIDGE AVE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BCH FL. | 24 CITY-ST-ZIP | |
| TITLE | [ ] DELETE | 31 TITLE | [ ] Change [ ] Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | [ ] DELETE | 41 TITLE | [ ] Change [ ] Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | [ ] DELETE | 51 TITLE | [ ] Change [ ] Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | [ ] DELETE | 61 TITLE | [ ] Change [ ] Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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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:** Lance H Arnette LANCE H ARNETTE 3/25/99 8508645468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR