

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90339 042 ***150.00

DOCUMENT # H44761

1. Entity Name

GIFF'S SUB SHOP FRANCHISE SYSTEM, INC.



Principal Place of Business

4 CAMBRIDGE AVE
FT WALTON BCH FL 32547
US

Mailing Address

4 CAMBRIDGE AVE
FT WALTON BCH FL 32547
US



2. Principal Place of Business

4 Cambridge Ave NE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Walton Bch FL

Zip
32547

Country
USA/0051

Zip

Country

4. FEI Number

59-2596256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNETTE, LANCE H
4 CAMBRIDGE AVE
FT WALTON BCH FL 32547

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lance H Arnette LANCE H ARNETTE

1/25/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ARNETTE, LANCE H
STREET ADDRESS 4 CAMBRIDGE AVENUE
CITY-ST-ZIP FT WALTON BCH FL 32547

TITLE ST ☐ Delete
NAME ARNETTE, LENORA E
STREET ADDRESS 4 CAMBRIDGE AVENUE
CITY-ST-ZIP FT WALTON BCH FL 32547

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lance H Arnette LANCE H ARNETTE

1/25/06

850 864 5468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #