

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J44096 (2)

1. Corporation Name:

MY SANDWICH STORE II, INC.



Principal Place of Business

**4621 EMERSON STREET
JACKSONVILLE FL 32207-1920
US**

Mailing Address

**5546 MILMAR DR. N
JACKSONVILLE FL 32207-1920
US**

2. Principal Place of Business

21 **4306 Atlantic Blvd**

Sub: Apt. #, etc.

22 City & State

23 **Jax. Fla.**

Zip

24 **32207**

Country

25 **US**

2a. Mailing Address

26 Sub: Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/20/1986

3a. Date of Last Report

03/24/1995

4. FFI Number

59-2739662

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 liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**RICE, FREDRICK L.
3100 UNIVERSITY BLVD S.
SUITE 215
JACKSONVILLE FL 32216**

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 607.06(2) and 607.1504, 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

Signature of Corporation Secretary or Registered Agent (if the same person)

Signature of Registered Agent (signature required when effecting change)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

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1. TITLE

NAME

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CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

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1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

Renee Cury, president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

(904)396-5166

CR2E034 (12/95)