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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Scicretary of State DIVISION OF CORPORATIONS

1996

102600

131

Principal Place o	Name NTAL HOME RD. SUBWAY									
US	te i e veerv					3. Date Incorporated or Qualified				
2. Principal Pla	ce of Business	2a. Mailing Address	Mailing Address			4. FEI Number 59-2849311			Applied For Not Applicable	
1		26				S				Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired [] Fee Requir				
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May B				
3		28				Trust Fund Contribution Add This corporation has liability for intangible tax under statements.				d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for intangible table. Florida Statutes Yes [] No			urider s	199.002,
4	9. Name and Address of Curre	nt Registered Agent	30			10. Name and Address of			gent	
	g. Name and Address of Cone	nt riegisteres rigen.		81	Name					
FRANCO, PHILIP H.				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
949 ARLINGTON RD. JACKSONVILLE FL 32211				LL						
				B3						
				84	City			FL	85 Z	ip Code
SIGNATURE _	Skynarize, typed or printed herrie of registered agri OFFICERS A	ND DIRECTORS	NOTE: Registered Agent signature recure 13.			when reinstating) ADDITIONS/CHANGES	TO OFFIC		DIRECT	
TITLE	P PANIOD DUNIN H	☐ DELETE	1.1					J		
NAME:	FRANCO, PHILIP H. 949 ARLINGTON RD.			1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP		1					
TOLE	V DELETE		2 1 TITLE] Change	Addition Addition
NAME	ADAMS, WALTER E.			NAME						
STREET ADDRESS	2522 FARRIER LANE				ACIOPESS					
CHY-ST-ZIP	RESTON VA	ST DELETE		CITY-SI TITLE	1-214				Change	Addition
TITLE NAME	FRANCO, FRED C.			NAME						
STREET ADDRESS	702 NO 7 HWY		3.3	STREET	ADDRESS	Ecco	•			
CHY-S1-ZIP	BLUE SPRINGS MO			CITY - S	1 - Z1P	50000 -04/29/96	<u> </u>	ያርያ <u>ር</u> ን. ፈርጠ	T) Line	Addition
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NAME				NAME STREET	ADDRESS	****OEOO* O	•			
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CITY - ST - ZIP TITLE	DELETE			5. 1 BILE					Change	ુ\હાં^
NAME	_		52	NAME	Ì				_ , \ \ '	レバスリ
STREET ADDRESS			1		ADDRESS				4	N (₹V)
CITY-ST-ZIP		C SELLE		CITY - S	ST- ZIP				Change	e 🔲 Addition
TITΣ€		☐ DELETE		name				'	_	-
NAME					T ADDFESS					
STREET ADDRESS				CITY-5						

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(3)(k), Fiorida 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 earth; 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. Philip H. Franco 4-23-96 904-721-2338

Deline OFFICER OR DIRECTOR