

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J95842

(7)

1. Corporation Name

SUBWAY UNLIMITED, INC.



Principal Place of Business

65 BAY BRIDGE PARK
GULF BREEZE FL 32561-4468

Mailing Address

65 BAY BRIDGE PARK
GULF BREEZE FL 32561-4468

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

BOULTON, BRENDA J
65 BAY BRIDGE PARK
GULF BREEZE FL 32561

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above named corporation or subsidiary hereby states that 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 Sections 607.0602 and 607.1506, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this report

Signature of the person authorized to execute this report

Date

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	YATES, GREGORY H.
STREET ADDRESS	4 GILMORE DR.
CITY, ST, ZIP	GULF BREEZE FL
TITLE	D
NAME	BOULTON, BRENDA J.
STREET ADDRESS	65 BAY BRIDGE PARK
CITY, ST, ZIP	GULF BREEZE FL
TITLE	D
NAME	REINHARD, WALLY
STREET ADDRESS	6427 AIRPORT BLVD #175 G
CITY, ST, ZIP	MOBILE AL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this filing is voluntary, true and correct 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 person or persons 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 attached list with an addressee.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 March 1996 9049323364

CR2E034 (12/95)