FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **K23643**

(5)

JONES SUBWAY ENTERPRISES #3545, INC. Principal Place of Business 13078 CORTEZ BLVD SPRING HILL FL 34608 US Mailing Address 11218 SPRING HILL DR SPRING HILL FL 34609 485 US				······································					
00					3. Date Incorporated or Qualified 05/16/1988		e of Last 0/1996	Report	
	Place of Business	2a. Mailing Address		4. FEI Number		A	applied For		
Suite, Apt	# etc	Suite, Apt. #, etc.			59-2908865			Not Applicable Additional	
Suite, 741 F, etc.		27			5. Certificate of Status Desired			Required	
City & Sta	ile	City & State	, ,,,		6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to Fees	
Zip 24	Country 25	7ip	Country 30	,	This corporation has liability for Florida Statutes	or intangible t ☐ Yes ☐		s. 199.032,	
<u>'4</u>	9. Name and Address of Curre		30		10. Name and Address of New F				
.ini.	nes, Keith L.		81	Name			. 		
2298 FAYSON LANE SPRING HILL FL 34609			82	Street Add	treet Address (P.O. Box Number is Not Acceptable)				
			83						
			84	City	<u></u>	- 1	85 Zip	Code	
de Diminosi	to the manusions of Continue 607.05	00 and CO7 1E00 Florida Ct	atutas the shoul		possion submits this statement for the	FL	abanaina	ito registered	
agent La	am familiar with, and accept the obli					- chr and mbbs			
SIGNATURE	Signature, typed or profed name of registered a	gent and title if applicable	(NOTE: Registered Ap			DATE			
SIGNATURE	Signature, typical or printed name of registered as	gent and title if applicable i	(NOTE: Registered Ag.			DATE FICERS AND	DIRECTO	PRS IN 12	
SIGNATURE 12.	Signature, typed or printed name of registered e	gent and title if applicable	(NOTE: Registered Ap		pired when reinstating)	DATE FICERS AND		PRS IN 12	
SIGNATURE 12. IIIIF NAME	Stylesture, typical or printed name of registered at OFFICERS AT DP JONES, KEITH L.	gent and title if applicable i	(NOTE: Registered Age 13. 1.1 TiTLE 1.2 NAME	eni signaturo requ	pired when reinstating)	DATE FICERS AND	DIRECTO	PRS IN 12	
SIGNATURE 12. IIIIF NAME SIREET ADORESS	Signature, typed or printed name of registered a OFFICERS AT DP JONES, KEITH L.	gent and title if applicable i	(NOTE: Registered Ag 13. 1.1 T/ILE 1.2 NAME 1.3 STREE	ent signature requ	pired when reinstating)	DATE FICERS AND	DIRECTO	PRS IN 12	
SIGNATURE 12. HILF NAME SIREET ADORESS GITY-ST-ZIP	OFFICERS AT DP JONES, KEITH L. 2296 FAYSON LANE SPRING HILL FL	gent and title if applicable i	(NOTE: Registered Age 13. 1.1 TiTLE 1.2 NAME	ent signature requ	pired when reinstating)	DATE FICERS AND	DIRECTO	DRS IN 12	
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14. I do 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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF PANING OFFICER OF DIRECTOR

4-28-97 (350) 686-1042

FILED

May 12 1997 8:00am

Secretary of State