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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L15122 (9)

1. Corporation Name
ALPHA OMEGA SUBWAY, INC.

Principal Place of Business

C/O EUGENE DALE CARTER
5015 SHELLY COURT
LAKELAND FL 33805

Mailing Address

C/O EUGENE DALE CARTER
5015 SHELLY COURT
LAKELAND FL 33805-7589



2. Principal Place of Business

21 15094 S Highway 98 Suite, Apt. #, etc.

22 City & State

23 Lakeland FL

24 Zip 33801

25 Country

25 Dale

2a. Mailing Address

26 Eugene Dale Carter Suite, Apt. #, etc.

27 2515 Jennifer Drive

28 City & State

28 Lakeland FL

29 Zip 33810

30 Country

30 Dale

3. Date Incorporated or Qualified

09/12/1989

3a. Date of Last Report

01/30/1996

4. FEI Number

59-2963613

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

CARTER, EUGENE DALE
5015 SHELLY COURT
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name

Eugene Dale Carter

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

2515 Jennifer Drive

83

84 City

Lakeland

FL

85 Zip Code

33810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Eugene Dale Carter

4-3-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CARTER, EUGENE DALE
STREET ADDRESS 5015 SHELLY COURT
CITY-ST-ZIP LAKELAND FL

TITLE DS ☒ DELETE

NAME CARTER, SALLY S.
STREET ADDRESS 5015 SHELLY COURT
CITY-ST-ZIP LAKELAND FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Carter Eugene Dale
1.3 STREET ADDRESS 2515 Jennifer Drive
1.4 CITY-ST-ZIP Lakeland FL 33810

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Eugene Dale Carter Eugene Dale Carter 4-3-97 941-859-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)