

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90278 038 \*\*\*150.00

DOCUMENT # L35978 *lok*

1. Corporation Name

*Tiger Point Subway, Inc.*

Principal Place of Business

Mailing Address

*3075 Gulf Breeze Pkwy  
Gulf Breeze, FL 32561*

*Albert & Carole McEachern  
1525 Ocean Breeze Lane  
Gulf Breeze, FL 32561*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*1/1/90*

4. FEI Number

*59-2980043*

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Albert & Carole McEachern  
1525 Ocean Breeze Lane  
Gulf Breeze, FL 32561*

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *DPS* ☐ DELETE

NAME *McEachern, Albert A*  
STREET ADDRESS *1525 Ocean Breeze Ln*  
CITY-ST-ZIP *Gulf Breeze, FL 32561*

TITLE *DTV* ☐ DELETE

NAME *McEachern, Carole*  
STREET ADDRESS *1525 Ocean Breeze Lane*  
CITY-ST-ZIP *Gulf Breeze, FL 32561*

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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. I changed or am attaching with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Albert A. McEachern*

Date

Daytime Phone #

*4/30/99*

*(850) 932-4441*

CR2E034 (11/98)