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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90220 042 \*\*\*150.00

## DOCUMENT # **L39804**

1. Corporation Name

PJ'S SANDWICH SHOP INC.

*** PATRICA M O'CONNOR  *** PATRICA M O'CONNOR  1232 US 301 P. D DON 117  **PARRISH FL 34219  *** PARRISH FL 34219  2. Principle Passes of Business  2. A Mailing Address  3. Date is corporated or Qualified  12/15/1989  2. Principle Passes of Business  2. A Mailing Address  3. Date is corporated or Qualified  12/15/1989  3. Date is corporated or Qualified  12/15/1989  3. Date is corporated or Qualified  12/15/1989  3. Date is corporated or Qualified  12/15/1989  3. Date is corporation or Qualified  3. Date is corporated or Qualif							
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Applied F1 3/219  2. Principal Place of Business 2. Mailing Address 3. Date in corporated or Ord Judfed 12/15/1989 2. Principal Place of Business 3. Suite, Apt. #. etc. 3. Suite, Apt.	% PATRICIA M. O'CONNOR % PATRICIA M. O'CONNOR			OR			
2. Principili Piace of Business   2a   Mailing Address   12/2/1989							DO NOT WRITE IN THIS SPACE
2. Princips Pilipse of Business   2a. Mailing Address   4. ERI Number   3ppled For   71   2p   100   2p   100   10	PARRISH FL 34219		PARRISH FL 34219	PARRISH FL 34219			
2. Principal Pioce of Business   2. Mailing Address   5. Septem For Sp. 2592312   Solite April Applied For Sp. 2592312   Solite Applied For Sp. 259							, ·
Suite, Apt. if, etc.	2 Principal Place of Business 2a Mailing A			ddress			
Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   Suite, Apt. 8, etc.   Suite, Apt. 8, etc.   Suite, Apt. 8, etc.   City & State	<b>—</b> '	ace of business		<del></del>			
City & State	Suite Aut # etc					\$8.75 Additional	
City & State  Country  Exp  Country  State  State  Country  State  State	22					5. Certificate of Status Desired Fee Recuired	
28			City & State			6. Election Campaign Financing \$5.00 May Be	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12.342 US 301 PARRISH FL 34219  32. Street Acriess (P.O. Box Number is Not Acceptable)  33. Bd. City FL as Zip Code  11. Pursuant to the provisions of Suctions 607 0507, and 607.1508, Florida Statt tes, the above-named curporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statt tes, the above-named curporation submits this statement for the purpose of changing its registered agent, and some the provisions of Section 607.0508. Florida Statutues.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  13. STREET ADDRESS  OFFICERS AND DIRECTORS  13. STREET ADDRESS  OFFICERS AND DIRECTORS  13. STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  OFFICERS AND DIRECTORS  13. STREET ADDRESS  14. STREET ADDRESS  15. STREET ADDRESS  1	23					Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent  O'CONNOR, PATRICIA M. 12342 US 301  PARRISH FL 34219  82 Street At dress (P.O. Bo) Number is Not Acceptable)  83 Street At dress (P.O. Bo) Number is Not Acceptable)  11. Pursus in 10 the provisions of Suctions 607.050; and 607.1508. Florida State ies, the above-named currentation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligation of, 50cction 67.0506, Florida State ies, the above-named currentation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligation of, 50cction 67.0506, Florida State ies, the above-named currentation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligation of, 50cction 67.0506, Florida State ies, the above-named currentation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligation of, 50cction 67.0506, Florida State ies, the above-named currentation submits this statement for the purpose of changing its registered agent. I am familiar with, and except the obligation of, 50cction 67.0506, Florida State is a submitted by the opportunition's board of directors. I hereby accept the applicitment as registered agent. I am familiar with, and except the obligation of directors. I hereby accept the applicitment as registered agent. I am familiar with, and except the obligation of directors. I hereby accept the applicitment as registered agent. I am familiar with, and except the obligation of directors. I hereby accept the applicitment as registered agent. I am familiar with, and except the applicitment as registered agent. I am familiar with, and except the obligation of directors. I hereby accept the applicitment as registered agent. I am familiar with, and except the applicitment as registered agent. I am familiar with, and except the applicitment as registered agent. I am familiar with, and except			Zip	Zip Country			
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O'CONNOR, PATRICIA M. 12342 US 301 PARRISH FI. 34219  82 Street Ac dress (P.O. Box Number is Not Acceptable)  83 B	<del></del>	9. Name and Address of Currer	nt Registered Agent		91	Name	10. Name and Address of New Registered Agent
12342 US 301 PARRISH FL 34219  83  84	Orce	NNOR PATRICIA M			"	Name	
PARRISH FL 34219  11. Pursuent to the provisions of Scictions 607.050; and 607.1508. Florida Statutes, the above-named curporation submits this statement for the purpose of changing its registered agent. I am familiar with, now a coupt the obligation of Section 607.0509. Thinds Statutes, and an arrival control of innoctors. I hereby accept the approximent as registered agent. I am familiar with, now a coupt the obligation of Section 607.0509. Thinds Statutes.  SIGNATURE  SIGNATURE  PD OFFICERS AND DIRECTORS  13. Registered Approximation and the integriculation. (RICLE Registered Agent signature) and when reconstruction.  12. OFFICERS AND DIRECTORS  13. ADDITI DISSICHANGES TO OFFICERS AND DIRECTO IS IN 12.  12. OFFICERS AND DIRECTORS  13. STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  OTY-ST-ZP  PALMETTO FL 34221  TITLE  OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Change Addition  Change Addition  Addition  Change Change Addition  Change Change Change Change  Change Change Change  Change Change  Change Change  Change Change  Change Change  Change					82	Street Acdr	ress (P.O. Bo> Number is Not Acceptable)
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T. Pursuant to the provisions of Suctions 607.050; and 607.1508, Florida State tes, the above-named curporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the application of Succiona 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITI DNS/CHANGES TO OFFICERS AND DIRECTORS IT TIME  OFF		101112			"		
11. Pursuaint to the provisions 607 Sections 607 SOC; and 607 1508, Florida State ten. the above-named corporation submits this statement for the purpose of changing its legistered diffect or registered agent, or both, in the State of Florida Statutes.  SIGNATURE  Signature, Typed or printed at me of registered agent as the intended of intended in the state of Florida Statutes.  SIGNATURE  Signature, Typed or printed at me of registered agent as the intended of intended inten					84	City	F1 85 Zip Code
office or registered agent, or both, in the State of Florida, Suction Agent submitted agent tall and familiar with, and accept the obligation of Cection 607/0505, Florida Statuteus.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITI DISSIGNATURE  142. OFFICERS AND DIRECTORS  143. ADDITI DISSIGNAMES TO OFFICERS AND DIRECTOR SIN 12  TITLE  PD	44 Dynama all	to the provinces of Scations 607 050	Y and 607 1608 Florida Stat	tes the a	hove	-named curn	poration submits this statement for the purpose of changing its registered
SIGNATUF:   Signature, Typed of printed in the of registered agent and tibe if applicable.   NOTE   Registered Agent signature	office or re	egistered agent, or both, in the State	াf Florida. Such change was	authorized	1 by t	he corporation	on's board of directors. I hereby accept the appointment as registered
Signature trained when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all when reinfortation in or fregistrated agent superator after all and an all all in or fregistrated agent superator after all and an all all in or fregistrated agent superator after all and an all all in or fregistrated agent superator after all all in or fregistrated agent superator after all in or fregistrated agent superator after a factor and all all in or fregistrated agent superator after a factor and all all in or fregistrated agent superator after a factor and all all in or fregistrated agent superator after a factor and all all in or fregistrated agent superator and all in or f	agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, F	Tonda Siati	utes.		j
12.	SIGNATURE	Signature, typed or printed name of registered age	n and title if applicable. (NO	1 E: Registered	Agent	signature required	ed when reinstating) DATE
NAME O'CONNOR, PATRICIA M. 12 NAME STREET ADDR SS 1315 8TH STREET WEST 13 STREET ADDRESS CITY-ST-ZIP  TITLE VP DELETE 2:TITLE CITY-ST-ZIP  NAME GRIFFIN, AL 22 NAME 23 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 3:TITLE CITY-ST-ZIP  TITLE CITY-S			·	13.			
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14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made coder oath; that am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

9-11-776-2307