

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L40983** (3)

1. Corporation Name

DADE CITY SUBWAY INC.

Principal Place of Business

Mailing Address

**C/O FRANK MARINARO
12301 HWY. 301 SOUTH, SUBWAY
DADE CITY FL 33525
US**

**% FRANK MARINARO
12301 HWY. 301 SOUTH, SUBWAY
DADE CITY FL 33525
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **37814 TIFFANY ROAD**

22 City & State

27 Suite, Apt. #, etc.
28 **DADE CITY FLORIDA**

23 Zip

29 **33525** 30 **PASCO**

9. Name and Address of Current Registered Agent

**MARINARO, FRANK
31819 CARRIAGE HOUSE RD - 37814 TIFFANY RD.
ZEPHYRHILLS FL 33543 - DADE CITY FL 33525**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

01/02/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0176246

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **D MARINARO, FRANK**
STREET ADDRESS **31819 CARRIAGE HOUSE RD**
CITY-STATE-ZIP **ZEPHYRHILLS FL**

TITLE ☐ DELETE

NAME **D MARINARO, MARY LOU**
STREET ADDRESS **31819 CARRIAGE HOUSE RD**
CITY-STATE-ZIP **ZEPHYRHILLS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **P/D MARINARO, FRANK**
1.3 STREET ADDRESS **37814 TIFFANY ROAD**
1.4 CITY-STATE-ZIP **DADE CITY FL 33525**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V/D MARINARO, MARY LOU**
2.3 STREET ADDRESS **37814 TIFFANY ROAD**
2.4 CITY-STATE-ZIP **DADE CITY FL 33525**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Frank Marinaro PRESIDENT

1/23/96 904 521 3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (12/95)