

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
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DOCUMENT # L65804

1. Entity Name

SUBWAY OF PACE, INC.



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2. Principal Place of Business - No P.O. Box #

4218 HIGHWAY 90

Suite, Apt. #, etc.

3. Mailing Address

5644 WOODBINE RD.

Suite, Apt. #, etc.

11 MAY 26 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034B (1/11)

City & State

PACE

FL

City & State

PACE

FL

4. FEI Number

59-3003852

Applied For

Not Applicable

Zip

32571

Country

USA

Zip

32571

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM MARK CALVERT

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

5700 DERBY DR.

City

PACE

FL

Zip Code

32571

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution.

Added to Fees

E-mail Address:

sop2001@bellsouth.net

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
WILLIAM MARK CALVERT  
5700 DERBY DR.  
PACE FL 32571

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VICE PRESIDENT  
LINDA E CALVERT  
5700 DERBY DR.  
PACE FL 32571

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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05/06/11--01011--020 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. MARK CALVERT

DATE

5/10/11

Daytime Phone #

(850) 529-1720