

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra J. Mortha
Secretary of State
DIVISION OF CORPORATIONS

LG6394

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 29 PM 3: 51

DOCUMENT #

1. Corporation Name

Subs To Go, Inc.

Principal Place of Business

Mailing Address

3444 Old Winter Garden Rd.
Orlando, FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-16-90 Efect. 4-12-90

2. Principal Place of Business

2a. Mailing Address

21. Same

26. Same

4. FEI Number

59-3010306

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Same

28. Same

24. Zip

25. Change

29. Zip

30. Change

5. Certificate of Status Desired

XXXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Clifford B. Sheppard, III
221 NE Ivanhoe Blvd.
Suite 205
Orlando FL 32804

81. Name

82. Street Address (P.O. Box Number's 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

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

300002744583-3

-01/15/99 - 01/107-023

****158.50 ****158.50

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22

4/07/29

Daytime Phone #

CR2E034 (10/97)

L66394

12/22/98

Mr. Burk Kahr

As we spoke in reference to the
corporation being dismissed. We never
received our annual report due to
~~our~~ our registered agent change of
address. Here we enclosed the application
w/ 150⁰⁰.

Thank You.

for 245-9846

[Signature]

FILED
SECRETARY OF STATE
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98 DEC 29 PM 3:51

B/K

12/29/98