

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

DOCUMENT # L84128

(2)

DIPASQUA SUBWAY NO. 7772, INC.

37 N ORANGE AVE
STE 150
ORLANDO FL 32801
US

167 LOOKOUT PLACE
MAITLAND FL 32751

3. Date Incorporated or Qualified 06/26/1990
3b. Date of Last Report 05/01/1994

4. FE Number 59-3026660
Applied For ☐
Not Applicable ☒

5. Certificate of Status (Required) ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Does corporation have a federal tax identification number (SSN or EIN)? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIPASQUA, PETER, JR.
167 LOOKOUT PLACE
MAITLAND FL 32751

81. Name
82. Street Address (P.O. Box Number if Not Applicable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.01(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 provisions of Sections 607.01(1)(b) and 607.01(2)(b), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (4-17)

NAME	STREET ADDRESS	CITY	STATE	ZIP
DIPASQUA, LUCY	167 LOOKOUT PLACE	MAITLAND	FL	
DIPASQUA, PETER, JR.	167 LOOKOUT PLACE	MAITLAND	FL	
GANSSE, JEFFREY	167 LOOKOUT PLACE	MAITLAND	FL	

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated as has been required by Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or this member or partner represented by me on this report as required by Florida Statutes, and that my name appears in Block C or Block D of changed information attached with an address.

SIGNATURE:

Lucy Dipasqua
SIGNATURE AND FULL OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1995

OFFICIAL STATE SEAL