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MAY 1 1995 9:47

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHIAS
GOVERNOR
TALLAHASSEE, FLORIDA

DOCUMENT # **L88322**

(7)

SAN PABLO SUBWAY, INC.

Principal Place of Business: **14185 BEACH BLVD JACKSONVILLE FL 32250 US**
Mailing Address: **949 ARLINGTON RD JACKSONVILLE FL 32211**

(ENTER IN THIS SPACE)

3. Date incorporated or qualified: **07/23/1990** 3a. Date of Last Report: **04/29/1994**
4. FIC Number: **59-3029338** 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. Does corporation have outstanding foreign judgments? (Section 609.01, Florida Statutes) ☐ Yes ☒ No

2. Principal Place of Business: **949 Arlington Road** 2b. Mailing Address: **949 Arlington Road**
Suite Apt. # etc: Suite Apt. # etc:
22. City & State: **Jacksonville, Fl.** 27. City & State:
23. Zip: **32211** 28. Zip: 29. 30.

9. Name and Address of Current Registered Agent

**FRANCO, PHILIP H
949 ARLINGTON RD
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable):
83. 84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 609.01, 609.02, and 609.1508, 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 609.02, Florida Statutes.

SIGNATURE

Signature of Agent or other person authorized to execute this statement

Signature of Registered Agent or other person authorized to accept

20

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRANCO, PHILIP H.
STREET ADDRESS	949 ARLINGTON RD
CITY & STATE	JACKSONVILLE FL
TITLE	ST
NAME	FRANCO, FRED C.
STREET ADDRESS	702 NO 7 HWY
CITY & STATE	BLUE SPRINGS MO
TITLE	V
NAME	ADAMS, WALTER E.
STREET ADDRESS	2522 FARRIER LANE
CITY & STATE	RESTON VA
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that the corporation is in good standing with the State of Florida. I further certify that the information 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 the corporation or that I am an authorized agent of the corporation to execute this report as required by Chapter 609, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or is an officer named with an addition.

SIGNATURE: *Philip H. Franco* Philip H. Franco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95

704-721-2338