FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY 16 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****130.00 ****130.00

DOCUMENT # **N37202** **(1)**

1. Corporation Name

BLIMPIE ADVERTISING COOP OF FLORIDA'S WEST COAST , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
18167 US 19 N. #310 CLEARWATER FL 34624 US	18167 US 19 N. #310 CLEARWATER FL 34624 US

3. Date Incorporated or Qualified: **03/22/1990**
3a. Date of Last Report: **05/19/1994**
4. FEI Number: **59-3014677** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 N/A	26 P.O. Box 8695
Suite, Apt. #, etc. 22 15700 GULF BLVD.	Suite, Apt. #, etc. 27
City & State 23 REDINGTON BEACH, FLORIDA	City & State 28 MADEIRA BEACH, FL
Zip 24 33708 Country 25 PINELLAS	Zip 29 33738 Country 30 USA

9. Name and Address of Current Registered Agent

SHYROCK, CHRIS
18167 US 19 N.
SUITE 310
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 15700 GULF BLVD.
83 REDINGTON BEACH
84 City FL 85 Zip Code 33708

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	LILIAN	12 NAME	LILIAN Powders	
STREET ADDRESS	360 CENTRAL AVE / STE - 150	13 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SCOTT, LESLE	22 NAME		
STREET ADDRESS	15219 N DALE MABRY HWY	23 STREET ADDRESS	1155 S.DALE MABRY	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL 33629	
TITLE	P	31 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	LEWIS, JAMES	32 NAME		
STREET ADDRESS	1310 34TH ST. N.	33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SHYROCK, CHRIS	42 NAME		
STREET ADDRESS	18167 US 19 N., STE. 310	43 STREET ADDRESS	PO BOX 8695 N/A	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	MADEIRA Bch FL 33738	
TITLE	D	51 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SHYROCK, BURT	52 NAME		
STREET ADDRESS	18167 US 19 N, STE. 310	53 STREET ADDRESS	PO BOX 8695 N/A	
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	MADEIRA Bch FL 33738	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James H. Lewis IV 4/12/95 813-327-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00004415