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DIVISION OF CORPORATIONS
95 MAY -1 AM 9:24

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N93000004689 (6)

1. Corporation Name

BLIMPIE OF LEON COUNTY MARKETING COOPERATIVE, IN C.

Principal Place of Business	Mailing Address
2047 WEST PENSACOLA STREET TALLAHASSEE FL 32304	2047 WEST PENSACOLA STREET TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 06/01/1994
4. FEI Number: APPLIED FOR 593208286 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MARTIN, GREGORY K
2047 WEST PENSACOLA STREET
TALLAHASSEE FL 32304

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MARTIN, GREGORY K	12 NAME	
STREET ADDRESS	2047 W. PENSACOLA ST.	13 STREET ADDRESS	904 Buena Vista St.
CITY-ST-ZIP	TALLAHASSEE FL 32304	14 CITY-ST-ZIP	Tallahassee, Fl 32304
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	RIZZA, JOE	22 NAME	
STREET ADDRESS	7737 MCCLURE DR.	23 STREET ADDRESS	2460 Royal Oaks Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32312	24 CITY-ST-ZIP	Tall. Fl 32308
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	RIZZA, ANNE	32 NAME	
STREET ADDRESS	7737 MCCLURE DR.	33 STREET ADDRESS	Delete
CITY-ST-ZIP	TALLAHASSEE FL 32312	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☒ Addition
NAME	William B Cunsberg	42 NAME	
STREET ADDRESS	3478 Lenox Mill Rd.	43 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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: [signature] President 4/29/95 9045759227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027203