FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

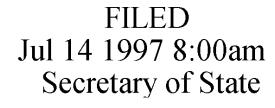
Secretary of State DIVISION OF CORPORATIONS

N93000004689 (6) DOCUMENT

BLIMPIE OF LEON COUNTY MARKETING COOPERATIVE, IN

Principal Place of Business

Malling Address





2047 WEST PEN TALLAHASSEE (isacola street Fl 32304	2047 WEST PENSACOLA STREET TALLAHASSEE FL 32304-3101							
						Incorporated or Qualified 10/18/1993		te of Last F 9/27/199	
2. Principal P	Place of Business	2a. Mailing Address	lailing Address			Number 5 9-3208686			opplied For
Suite, Apt.	# elc	Suite, Apt. #, etc.	Suite Apt # etc			0 000000			lot Applicable Additional
22		27	¬ '''			ificate of Status Desired			Required
City & Stat	e	City & State	1			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip	Country Zip C			ry	8. This corporation has liability for inlangible tax under s. 199.032,				
24 25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes X No				
	9. Name and Address of Corr	aur Mediaraien Wäeur	8	1 Name	·	III AIIU AUU(688 O) IVEW	negistered A	Agus	
444 (2004)	00500044		L.	1 TOCHTE					
MARTIN, GREGORY K 2047 WEST PENSACOLA STREET					t Address (P.O. E	Box Number is Not Accep	table)		·
TALLAHA	NSSEE FL 32304		8	3					
			8	4 City			FL	85 Zip	Code
11. Pursuant office or a spent La	to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 617.1508, Florida Statute of Florida, Such change was pations of Section 617.0503.	utes, the abo s authorized I	ve name by the co	d corporation sub prporation's board	omits this statement for the of directors. I hereby acc	e purpose of cept the appo	changing introduction	its registered s registered
SIGNATURE	and accept the con-	Battorio est control est societ.	TO TOOL CIGIGO.						
DIGITATIONE .	Signature, typed or printed name of registered a	gent and title if applicable (NC	OTE: Registered A	gent signatu	re required when reinsta		DATE		
12.		ND DIRECTORS	13.		ADDI	TIONS/CHANGES TO OF			
TITLE	PD	☐ DELETE	1.1 TITLE					L Change	Addition
NAME	MARTIN, GREGORY K		1.2 NAM						
STREET ADDRESS	904 BUENA VISTA ST			et address	3				
CITY-ST-ZIP TITLE	TALLAHASSEE FL D	TO THE TE	1.4 CITY 2.1 TITLE					Change	Addition
NAME	MARTIN, DANA J	(Keeo			}		'		
STREET ADDRESS	904 BUENA VISTA ST	ON MEED	•	Et address	. [
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY				,		
TITLE	D	DELETE	3.1 TITLE					Change	Addition
NAME	CRUSBERG, WILLIAM B		3.2 NAM						
STREET ADDRESS	3478 LENOX MILL RD		3.3 STRE	et address	; [
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY					<u> </u>	
TITLE		☐ DELETE	4.1 TITLE					∐ Change	Addition
NAME			4. 2 NAM						
STREET ADDRESS				et address	·				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C/TY-		- 			Change	Addition
		ם אנננונ					•	onenge	L. Audition
NAME STREET ADDRESS			5.2 NAM		.				
			5.4 CITY	ET ADDRESS	`				
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		 	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			6.2 NAMI				'		
STREET ADDRESS				Et address					
City-St-Zip			6.4 CITY		1				
0111-01-EIF			0.4 0111	O1 - E1	<u> </u>	140 0740 (0) 5: 14 0: 1			

I oo nereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.