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02/21/2007 WED 14:43 FAX 352 373 1191
01/05/2007 13:20 9047438972

SUBWAY

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FILED
Mar 21, 2007 8:00 am
Secretary of State

03-06-2007 90005 022 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000087722			
1. Entity Name BRANAN FIELD SUBWAY, INC.			
Principal Place of Business 1030 UNIVERSITY BLVD N JACKSONVILLE, FL 32211		Mailing Address 1030 UNIVERSITY BLVD N JACKSONVILLE, FL 32211	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	COUNTRY	Zip	COUNTRY
4. Name and Address of Current Registered Agent WARD, PETER H 4001 NEWBERRY RD STE C-1 GAINESVILLE, FL 32607		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	D WARD, PETER H	TITLE	
NAME	WARD, PETER H	NAME	
STREET ADDRESS	4001 NEWBERRY RD - STE C-1	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	
TITLE	D.V.P.	TITLE	
NAME	Walter E. Adams	NAME	
STREET ADDRESS	2522 Farmer Lane	STREET ADDRESS	
CITY-ST-ZIP	Parsons, VA 20191	CITY-ST-ZIP	
TITLE	D.S.T.	TITLE	
NAME	Fred C. Franco, Jr.	NAME	
STREET ADDRESS	5610 Skimmer Drive	STREET ADDRESS	
CITY-ST-ZIP	Apalachee, FL 32357	CITY-ST-ZIP	
TITLE	D.P.	TITLE	
NAME	Philip H. Franco	NAME	
STREET ADDRESS	1420 Greas Drive	STREET ADDRESS	
CITY-ST-ZIP	Rincon, GA 31326	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions provided in Chapter 119, Florida Statutes; I further certify that the information indicated on this report or supplemental 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 taxpayer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Philip H. Franco</u> DATE: _____			

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