

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000002985 (8)**

1. Corporation Name

JJL SUBWAY, INCORPORATED



Principal Place of Business: **1901 US HIGHWAY 90 EAST WEST LAKE CITY FL 32055**
Mailing Address: **1901 US HIGHWAY 90 EAST WEST LAKE CITY FL 32055**

3. Date Incorporated or Qualified 01/01/1993	3a. Date of Last Report 04/26/1995
4. FEI Number 59-3153762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. 1901 U.S. Highway 90 WEST	22. City & State LAKE CITY FL	23. Zip 32055	24. Country	25.	26. Mailing Address Suite, Apt. #, etc. 1901 US HIGHWAY 90 WEST	27. City & State LAKE CITY FL	28. Zip 32055	29. Country	30.
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9. Name and Address of Current Registered Agent
**LESTOCK, JAMES J.
1901 US HIGHWAY 90 EAST
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81. Name LESTOCK, JAMES J.
82. Street Address (P.O. Box Number is Not Acceptable) 1901 U.S. Highway 90 WEST
83.
84. City LAKE CITY
85. State FL
86. 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

TITLE	PS	<input type="checkbox"/> DELETE
NAME	LESTOCK, JAMES A	
STREET ADDRESS	4 ST. JAMES AVE.	
CITY - ST - ZIP	LAKE CITY FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LESTOCK, NANCY A	
STREET ADDRESS	4 ST JAMES AVE.	
CITY - ST - ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LESTOCK, JAMES J.	
1.3 STREET ADDRESS	32025	
1.4 CITY - ST - ZIP	32025	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	32025	
2.4 CITY - ST - ZIP	32025	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James J. Lestock* **JAMES J. LESTOCK** 4-19-96 904-755-1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE #

CR2E034 (12/95)