## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000002985

JJL SUBWAY, INCORPORATED

Principal Place of Business Mailing Address

1207 W DUVALL
STE. 1
LAKE CITY FL 32055

Mailing Address

1207 W DUVAL
STE. 1
LAKE CITY FL 32055

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90135 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				01/01/1993		
2. Principal PI	ace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26 3131 NW 1.	3 <del>2</del> S⊤	59-3153762	No	t Applicable
Suite, Art.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27 SUITE #5		5. Certificate of Status Desired	Fee Re	beriu p
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
23		28 GAINESNIL	LE FL	Trust F and Contribution	Added t	o Fees
Zip	Coun ry	Zip	Country	8. This corporation owes the current year in		
24	25	29 32609-2177 30	USA	Person al Property Tax.	Yes	No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere I	Agent	
12:)7 STE.	TOCK, JAMES J. W DUVAL 1 E CITY FL 32055		82 Street A	Address (P.O. Box Number is Not Acceptable)		
	011112 02000		84 City		85 Zip (	Code
		1007 4500 51 44- 01-1	<u> </u>	TAINES VILLE, FL	- 2260	7:3-4062
11. Pursua it 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 cirectors. I hereby accept the appointment as registered agent.  SIGNATURE  SIGNATURE  Signature, typed or printed ha ne of registered agent and title if applicable  (NOT :: Registered Agent signature if a red when reinstating)  DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	FIS IN 12
TITLE	PS	☐ DELETE	1.1 TITLE	STD	Change	Addition
i	LESTOCK, JAMES J.		12 NAME	LONALO D HARTWELL	• •	
NAME	4 ST. JAMES AVE.		1.3 STREET ADDRESS	1830 SW 44 = Ave		
STREET ADDRESS			15		10 - Un 1 2	,
CITY-ST-ZIP	LAKE CITY FL 32025	☐ DELETE	1.4 CITY-ST-ZIP	GAINESVILLE, FL 3260	Ø 7 0 0 €	☐ Addition
TITLE	VT	C) Deterie	2.2 NAME	• -	4	
NAME	LESTOCK, NANCY A			DAVIO M. HARTWELL		i
STREET ADDRESS	4 ST JAMES AVE.		2.3 STREET ADDRESS	25722 SW 18 Ave	a	
CITY-ST-ZIP	LAKE CITY FL 32025	DELETE	2.4 CITY-ST-ZIP	NEWBERRY, FC 32.66		Addition
TITLE		☐ DECE IE	31 TITLE	t O		•
NAME			3.2 NAME	CHRISTOPHER A. HAR	TW & L	ر ا
STREET ADDRESS			33 STREET ADDRESS	9515 SW 752 ST		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	GAINESYILLE, FL 3 2608	Change	
TITLE		☐ DELETE	41 TITLE	•	Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	1	☐ DELETE	5.1 πTLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRI SS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
	Later at a sixty of the second	Abia Stina dana and suplify for the	a everation stated	in Section 119.0 ((3)(i) Florida Statutes I further be	etify that the i	formation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 '(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 607, Florida Statutes; and the my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SNATURE: LONGLO D. HARTWEY STC/TACA LONGLO Phothery 4/26/99 (352):395-6632

CR2E034 (11/98)