

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000003198 (7)**

1. Corporation Name

ALL-AMERICAN SUB SHOPS, INC.

Principal Place of Business

**2575 COUNTY ROAD 220
SUITE 108
MIDDLEBURG FL 32068**

Mailing Address

**2575 COUNTY ROAD 220
SUITE 108
MIDDLEBURG FL 32068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1993

4. FEI Number

59-3157137

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 5908 Orchard Pond Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 5908 Orchard Pond Dr.
Suite, Apt. #, etc.

22. City & State

23 Orange Park, FL

Zip

24 32073

Country

25 Clay

27. City & State

28 Orange Park, FL

Zip

29 32073

Country

30 Clay

9. Name and Address of Current Registered Agent

**ACE, TERESA L
5908 ORCHARD POND DRIVE
ORANGE PARK FL 32073**

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **TREY, ALOIS**
STREET ADDRESS **1 SHADOW LANE**
CITY-ST-ZIP **ORMOND BEACH FL 37174**

TITLE **VPD** ☒ DELETE
NAME **WILLIAMS, DEBORAH**
STREET ADDRESS **208 BRIDLE PATH LANE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **STD** ☐ DELETE
NAME **ACE, TERESA L**
STREET ADDRESS **5908 ORCHARD POND DR.**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Teresa L. Ace - **Teressa L. Ace**

1/28/98

904-264-6075

CR2E034 (10/97)