

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:59

**DOCUMENT # P93000023482 (1)**

1. Corporation Name

**SUBWAY USA 2, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **1104 BEVILLE RD. STE. F DAYTONA BCH. FL 32114 US**  
Mailing Address: **1104 BEVILLE RD STE. F DAYTONA BCH. FL 32114 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21** State: Apt # etc. **22** City & State: **23**  
2a. Mailing Address: **26** State: Apt # etc. **27** City & State: **28**  
24. City: **25** State: **29** Zip: **30**

3. Date Incorporated or Qualified: **03/23/1993** 3a. Date of Last Report: **07/26/1994**  
4. FCI Number: **65-0417052** 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 has liability for intangible tax under § 1119.632 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**GEALLIS, ROSEANN  
140 BLACK DUCK CIR.  
DAYTONA BCH. FL 32119**

10. Name and Address of New Registered Agent  
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 607.1509, 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 607.0905, Florida Statutes.

SIGNATURE

*Mark Geallis* N/A

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: **PSTD**  
12.2 NAME: **GEALLIS, MARK**  
12.3 STREET ADDRESS: **140 BLACK DUCK CIR.**  
12.4 CITY, ST, ZIP: **DAYTONA BCH. FL**  
12.5 TITLE: \_\_\_\_\_  
12.6 NAME: \_\_\_\_\_  
12.7 STREET ADDRESS: \_\_\_\_\_  
12.8 CITY, ST, ZIP: \_\_\_\_\_  
12.9 TITLE: \_\_\_\_\_  
12.10 NAME: \_\_\_\_\_  
12.11 STREET ADDRESS: \_\_\_\_\_  
12.12 CITY, ST, ZIP: \_\_\_\_\_  
12.13 TITLE: \_\_\_\_\_  
12.14 NAME: \_\_\_\_\_  
12.15 STREET ADDRESS: \_\_\_\_\_  
12.16 CITY, ST, ZIP: \_\_\_\_\_  
12.17 TITLE: \_\_\_\_\_  
12.18 NAME: \_\_\_\_\_  
12.19 STREET ADDRESS: \_\_\_\_\_  
12.20 CITY, ST, ZIP: \_\_\_\_\_

13.1 TITLE: \_\_\_\_\_  Change  Addition  
13.2 NAME: \_\_\_\_\_  
13.3 STREET ADDRESS: \_\_\_\_\_  
13.4 CITY, ST, ZIP: \_\_\_\_\_  
13.5 TITLE: \_\_\_\_\_  Change  Addition  
13.6 NAME: \_\_\_\_\_  
13.7 STREET ADDRESS: \_\_\_\_\_  
13.8 CITY, ST, ZIP: \_\_\_\_\_  
13.9 TITLE: \_\_\_\_\_  Change  Addition  
13.10 NAME: \_\_\_\_\_  
13.11 STREET ADDRESS: \_\_\_\_\_  
13.12 CITY, ST, ZIP: \_\_\_\_\_  
13.13 TITLE: \_\_\_\_\_  Change  Addition  
13.14 NAME: \_\_\_\_\_  
13.15 STREET ADDRESS: \_\_\_\_\_  
13.16 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 119.02(9)(B), Florida Statutes. I further certify that the information included 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; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or on an attachment with an address.

SIGNATURE:

*Mark Geallis* **MARK GEALLIS**

4-29-95

904-238-6955

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

\_\_\_\_\_  
Date Secretary of State