

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1012

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P93000029178 (9)**  
1. Corporation Name  
**BLIMPIE DEVELOPMENT, INC.**

**FILED**  
**97 AUG -5 AM 7:50**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>186-G NE EGLIN PKWY. FT WALTON BEACH FL 32548 US</b>	Mailing Address <b>186-G NE EGLIN PKWY. FT WALTON BEACH FL 32548 US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4889 W. Spencer Field Rd.</b>		2a. Mailing Address 26 <b>4889 W. Spencer Field Rd.</b>		3. Date Incorporated or Qualified <b>04/19/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3270741</b>	Applied For Not Applicable
22 City & State <b>Pace, FL</b>		27 City & State <b>Pace, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip <b>32571</b>		28 Zip <b>32571</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JENRICH, ERIC 186-G NE EGLIN PKWY. FT WALTON BEACH FL 32548</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Winston L. Fletcher</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>4889 W. Spencer Field Rd.</b>	
				83	
				84 City <b>Pace</b>	85 Zip Code <b>FL 32571</b>

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 *Winston L. Fletcher* **Winston L. Fletcher** **8-1-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JENRICH, ERIC D</b>			1.2 NAME			
STREET ADDRESS	<b>186-G NE EGLIN PKWY.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT. WALTON BCH. FL</b>			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FLETCHER, WINSTON L</b>			2.2 NAME	<b>4889 W. Spencer Field Rd</b>		
STREET ADDRESS	<b>186-G NE EGLIN PKWY.</b>			2.3 STREET ADDRESS	<b>Pace, FL 32571</b>		
CITY-ST-ZIP	<b>FT. WALTON BCH. FL</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME	<b>3000002262423--0</b>		
STREET ADDRESS				3.3 STREET ADDRESS	<b>-08/08/97--01141--004</b>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME	<b>8-8-97</b>		
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 *Winston L. Fletcher* **8-1-97**

CR2E034 (4/97)

20f2

Blimpie Development, Inc.  
50 S.W. Beal Parkway, Suite 5  
Ft. Walton Beach, FL 32548  
(850) 995-8030 *phone* (850) 995-4419 *fax*

---

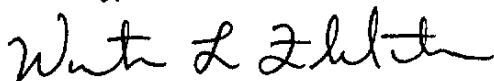
August 1, 1997

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Per my conversation with a representative at your office, I am writing this letter to inform you that this is the first and only notice that I have received for my 1997 Profit Corporation Annual Report. I was informed to pay the regular fee, not the late charge, and enclose a letter stating the reason for doing so. Enclosed you will find my payment of \$165.00. If you have any other questions please feel free to contact me at the above listed number.

Sincerely,



Winston Fletcher