FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

5-1-95 $ 8-6102 NCC

CORPORATION ANNUAL REPORT

1995

DIVISION OF CORPORATIONS
Sandra B. Mortham
Secretary of State

APPROVED
FILED
[illegible] 95
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033901 (8)**

1. Corporate Name

A TO Z SANDWICH COMPANY

Principal Place of Business

531 OSCEOLA STREET
JACKSONVILLE FL 32204
US

Mailing Address

531 OSCEOLA STREET
JACKSONVILLE FL 32204
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/07/1993**

3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: **59-3181383** — Applied For / Not Applicable

Suite, Apt. #, etc. (22) (27)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State (23) (28)

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip (24) County (25) Zip (29) County (30)

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BALL, JOHN S
1 INDEPENDENT DR.
SUITE 2600
JACKSONVILLE FL 32202

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 607.1008, 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 [illegible]

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
Title: D Name: SUSLAK, WALTER A Street Address: 1850 POWELL PLACE City-State-Zip: JACKSONVILLE FL 32205	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
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Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition

14. To the best of my knowledge and belief, the information contained herein is complete, accurate and true. I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. I am aware that pursuant to s. 607.0128, Florida Statutes, the Department of State may dissolve a corporation if it fails to file this report.

SIGNATURE: Walter A Suslak walter A. Suslak 04/26/05 904 5642254
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

0022462 CP