FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P94000036769 (5)**

1. Corporation Name
SUBWAY OF DUNNELLON, INC.

APPROVED AND FILED

95 APR 11 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1302 NORTH YOUNG BLVD. CHIEFLND FL 32626	1302 NORTH YOUNG BLVD. CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3253104	☐ Applied For ☐ Not Applicable
21 11352 N Williams St	26 11352 N. Williams St		
Suite, Apt. #, etc. 22 Ste # 304	Suite, Apt. #, etc. 27 Ste # 304	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Dunnellon, Fl.	City & State 28 Dunnellon, Fl	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 34432 Country 25 USA	Zip 29 34432 Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: Thomas D. Harrington 82 Street Address (P.O. Box Number is Not Acceptable): 12390 NW old Fannin Rd 83 84 City: Chiefland FL 85 Zip Code: 32626

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: Thomas D. Harrington — 4/7/95
Signature (type or print 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	D	11 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, THOMAS D	12 NAME	
STREET ADDRESS	1302 NORTH YOUNG BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32626	14 CITY ST ZIP	
TITLE	DPV	21 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, JOHN P	22 NAME	
STREET ADDRESS	1302 NORTH YOUNG BLVD.	23 STREET ADDRESS	
CITY ST ZIP	CHIEFLND FL 32626	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	LANGLEY, JAMES	32 NAME	
STREET ADDRESS	1302 NORTH YOUNG BLVD.	33 STREET ADDRESS	
CITY ST ZIP	CHIEFLND FL 32626	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 119.07(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: Thomas D. Harrington — 4/14/95 — 904-493-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0418937 FP