

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000043898 (3)**

1. Corporation Name

BLIMPIE IN PARADISE, INC.



Principal Place of Business

**763 HIGHWAY 98 EAST
SUITE 4
DESTIN FL 32541
US**

Mailing Address

**763 HIGHWAY 98 EAST
SUITE 4
DESTIN FL 32541
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/08/1994

3a. Date of Last Report

09/21/1995

4. FEI Number

59-3254142

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HIGHERS, CHARLES
1114 AIRPORT RD
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

416 Flamingo Dr

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] President

2-5-96
(DATE)

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE
NAME **D HIGHERS, CHARLES E**
STREET ADDRESS **1114 AIRPORT RD**
CITY-STATE-ZIP **DESTIN FL 32541**

12 TITLE ☐ DELETE
NAME **D HIGHERS, GLADYS N**
STREET ADDRESS **1114 AIRPORT RD**
CITY-STATE-ZIP **DESTIN FL 32541**

13 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

15 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

16 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
NAME **P/D/S**
STREET ADDRESS **HIGHERS, Charles E**
CITY-STATE-ZIP **416 FLAMINGO DR NE
DESTIN, FL 32541**

12 TITLE ☒ Change ☐ Addition
NAME **GLADYS HIGHERS**
STREET ADDRESS **416 FLAMINGO**
CITY-STATE-ZIP **DESTIN, FL 32541**

13 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

14 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

15 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

16 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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)(k), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

(904) 654-0610
Daytime Phone #

CR2E034 (12/95)