FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000044437

1. Corporation Name
SUBWAY OF HIGHWAY 47, INC.

Principal Place of Business
RT. 15 BOX 3000
LAKE CITY, FL. 32025

Mailing Address
RT. 15 BOX 3000
LAKE CITY, FL. 32025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06-01-1994

4. FEI Number
59-3233375
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

21 2. Principal Place of Business
22 Suite, Apt #, etc
23 City & State
24 Zip
25 Country

26 2a. Mailing Address
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
LESTOCK, JAMES J.
RT. 15 BOX 3000
LAKE CITY, FL. 32025

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 607.1508, 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, typed or printed name of new registered agent, or title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	LESTOCK, JAMES J.	
STREET ADDRESS	4 SAINT JAMES AVE.	
CITY-ST-ZIP	LAKE CITY, FL. 32025	
TITLE	VT	☐ DELETE
NAME	LESTOCK, NANCY A.	
STREET ADDRESS	4 SAINT JAMES AVE.	
CITY-ST-ZIP	LAKE CITY, FL. 32025	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	200002432503	☐ Change ☐ Addition
6.2 NAME	-02/17/98--01035--015	
6.3 STREET ADDRESS	***150.00	
6.4 CITY-ST-ZIP		

DE 2.16

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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: James J Lestock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-4-98

Daytime Phone # 904-755-1860

CR2E034 (10/97)