FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:17

DOCUMENT # P94000045364 (4)

1. Corporate Name
BLIMPIE'S OF OKALOOSA, INC.

Principal Place of Business
12 LONGWOOD DR
SHALIMAR FL 32579

Mailing Address
12 LONGWOOD DR
SHALIMAR FL 32579

FOR OFFICE USE ONLY

3. Date Last Report Filed: 06/13/1994
3a. Type of Last Report:

2. Principal Place of Business
21 432 MARY ESTHER CUTOFF
Suite, Apt. #, etc. 22
City & State 23 FORT WALTON BEACH, FL.
Zip 24 32548 County 25 OKALOOSA

2a. Mailing Address
26 432 MARY ESTHER CUTOFF
Suite, Apt. #, etc. 27
City & State 28 FORT WALTON BEACH, FL
Zip 29 32548 County 30 OKALOOSA

4. FEI Number: 59-3256227 Applied For / Not Applied For

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. The corporation has liability for intangibles tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
NEWNAM, STEPHEN H
12 LONGWOOD DR
SHALIMAR FL 32579

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NEWNAM, STEPHEN H
STREET ADDRESS	12 LONGWOOD DR
CITY, ST, ZIP	SHALIMAR FL 32579
TITLE	D
NAME	NEWNAM, KATHLEEN B
STREET ADDRESS	12 LONGWOOD DR
CITY, ST, ZIP	SHALIMAR FL 32579

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is complete, accurate and does not qualify for the exemption listed in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature below is the same as specified to be made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is added in Block 13 with an address.

SIGNATURE: Stephen H Newnam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN H. NEWNAM

13 FEB 95 (904)244-5551
DATE TELEPHONE NUMBER

0102004 CR