

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:02

DOCUMENT # P94000079588 (7)

1. Corporation Name

TASTEE SUBS & GYROS, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**6540 PARK BOULEVARD
PINELLAS PARK FL 34665**

Mailing Address

**6540 PARK BOULEVARD
PINELLAS PARK FL 34665**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

2b. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number

59-3276163

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

10. Name and Address of New Registered Agent

**TRIANTAFILOU, CHRISTODOULOS
6540 PARK BOULEVARD
PINELLAS PARK FL 34665**

81. Name

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

3152 W. VINA DEL MAR BLVD.

83.

84. City
ST. PETE BEACH

FL

85.

Zip Code
33706

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 registered agent and date of appointment

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
TRIANTAFILOU, CHRISTOPHER
6540 PARK BOULEVARD
PINELLAS PARK FL 34665**

2. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

7. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

8. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

9. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

**D
TRIANTAFILOU, CHRISTODOULOS
3152 W. VINA DEL MAR BLVD.
ST. PETE BEACH, FL. 33706**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

Christodoulos Triantafilou

CHRISTODOULOS TRIANTAFILOU

4-26-95

813-544-0909

CP