

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90070 025 ***150.00

DOCUMENT # P94000079717

1. Corporation Name

SUBWAY OF WEST LAKE CITY, INCORPORATED

Principal Place of Business

4490 W. US 90
LAKE CITY, FL 32055
US

Mailing Address

4490 W. US 90
LAKE CITY, FL 32055
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/94

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3266615

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22

27

SUITE # 5

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

City & State

City & State

Trust Fund Contribution

23

28

GAINESVILLE, FL

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes ☐ No

24

25

29

32609-2177

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESTOCK, JAMES J
4490 W. US 90
LAKE CITY FL 32055

81

Name LONALD D. HARTWELL

82

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

1830 SW 44th AVENUE

83

84

City GAINESVILLE

FL

85

Zip Code 32608-4062

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 *Lonald D. Hartwell* - LONALD D. HARTWELL Secretary

(NOTE: Registered Agent signature required when reinstating)

4/20/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE STD ☒ Change ☐ Addition
1.2 NAME LONALD D. HARTWELL
1.3 STREET ADDRESS 1830 SW 44th AVE
1.4 CITY-ST-ZIP GAINESVILLE FL 32608-4062

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

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME DAVID M. HARTWELL
2.3 STREET ADDRESS 25722 SW 18th AVE
2.4 CITY-ST-ZIP NEWBERRY, FL 32669

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE PD ☐ Change ☒ Addition
3.2 NAME CHRISTOPHER A. HARTWELL
3.3 STREET ADDRESS 9525 SW 75th STREET
3.4 CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Lonald D. Hartwell* - LONALD D. HARTWELL 4/20/99 (352) 395-6632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)