SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000059850 (4)

1. Corporation Name
BLIMPIE FRANCHISE DEVELOPMENT COMPANY,INC.

Principal Place of Business
9140 GOLFSIDE DRIVE. SUITE 4 - NORTH
JACKSONVILLE FL 32256

Mailing Address
9140 GOLFSIDE DRIVE. SUITE 4 - NORTH
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 07/31/1995
3a. Date of Last Report:

2. Principal Place of Business
21 717 DEWBERRY DR
Suite, Apt #, etc.
22
City & State
23 JACKSONVILLE, FL
24 Zip 32259 | 25 Country USA

2a. Mailing Address
26 717 DEWBERRY DR
Suite, Apt #, etc.
27
City & State
28 JACKSONVILLE, FL
29 Zip 32259 | 30 Country USA

4. FEI Number 59-3329459 ☐ 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**
KRAUSE, DAVID
9140 GOLFSIDE DRIVE, SUITE 4 - NORTH
JACKSONVILLE FL 32256

10. **Name and Address of New Registered Agent**
81 Name DAVID KRAUSE
82 Street Address (P.O. Box Numbers Not Acceptable) 717 DEWBERRY DRIVE
83
84 City JACKSONVILLE FL 85 Zip Code 32259

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] 7/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, SECRETARY ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVID KRAUSE	1.2 NAME	
STREET ADDRESS	717 DEWBERRY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 7/20/96 904-287-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)