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

DOCUMENT # P95000061317

NAME

STREET ADDRESS CITY-ST-ZIP

SUBWAY OF SOUTH LAKE CITY, INCORPORATED

				———	lii eligi fieda illei il	
·	e of Business	Mailing Address				
ROUTE 10. BOX 388-6 ROUTE 10. BOX 388-6 LAKE CITY FI. 32025 US US						
		US		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
		•		3. Date Incorporated or Qualifed		
				08/03/1995		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26 3131 NW 13	<u>⊳ 5⊤</u>	59-3330533	- 	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 Ad	
22		27 SUITE # 5	·		Fee Req	
City & State		City & State		6. Election Campaign Financing	\$5.00 N	,
23		28 GAINESVIL	Country	Trust Fund Contribution	Added to	ees
Zip	Country	Zip		8. This consoration owes the current year (_ No
24	25	29 32609-2177 3	o USA	Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Cur	Tent Registered Agent	81 Name			
LEC	TOCK JAMES I			LONALD D. HARTWEL	٠	
LESTOCK, JAMES J			82 Street A	Adcress (P.O. Box Number is Not Acceptable)	-	
ROUTE 10, BOX 388-6 LAKE CITY FL 32025			83	1830 S.W. 44 1 Au		
PAL,	E CIT FL 32023		63			
			84 City	<u> </u>	85 Zip Ci	
				MINESVILLE F	1- 3260	2-4062
11. Pursuan:	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	, the above-named of horized by the corpo	conporation submits this statement for the purpose tration's board of directors. I hereby accept the app	o changing its ri cintment as regi	e gisterea istered
agent. i	am familiar with, and accept the ob	ligations of, Section 607,0505, Florid	la Statutes.	- /		
SIGNATURE	Home Oct Hola.	LONAL LONAL	o D. HART	JELL SEC/TREA 41	7-6 99	
	Signature, typed or printed ham-i of legistered		egistered Agent signature re		, ID DIDECTOR	20.40.40
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PS	☐ DELETE		≤ T D	Change	
NAME	JAMES J. LESTOCK		1.2 NAME	LONALD D. HAIRTWELL		
STREET ADDRESS	4 SAINT JAMES AVE.		1.3 STREET ADDRESS	1830 SW 44 AVE		
CITY-ST-ZIP	LAKE CITY FL 320:25		1.4 CITY-ST-ZIP	GAINESVILLE FL 32608	-406 L	Addition
TITLE	VT	☐ DELETE	2.1 TITLE	4	Xchange	L Addition
NAME	NANCY A. LESTOCK		2.2 NAME	DAVID M. HARTWELL		
STREET ADDRES()	4 SAINT JAMES AVE.		2.3 STREET ADDRESS	25722 SW 18 AVC		
CITY-ST-ZIP	LAKE CITY FL 320:25		2. 4 CITY-ST-ZIP	NEWBERRY, FL 32669		
TITLE		☐ DELETE	3.1 TITLE	PD	Change	Addition
NAME			3.2 NAME	CHRISTOPHER A. HARTW	انة دار	
STREET ADDRESS	:		3.3 STREET ADDRESS	9525 5W 75# ST		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	GAINESVILLE, FL 3261	o 8	
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE			44 CITY-ST-ZIP			
	\	☐ DELETE	44 CITY-ST-ZIP 5.1 ππLE		Change	Addition
NAME		☐ DELETE			Change	Addition
NAME STREET ADDRESS		☐ DELETE	5.1 TITLE		Change	Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME		Change	Addition
		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change	Addition

14. I hereby certify that the informatic n supplied with his 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 uncer 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 time empowered.

6.3 STREET ADDRESS

SIGNATURE: LANGUE D'HIT IN TWELL SCOTTLE BUSINES OFFICER REDIRECTOR

Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90136 010 ***150.00

CR2E034 (11/98