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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500065520 (5)

PINE ST. SUBWAY INC.

Pren	сіраі	PIACE	OI	Busine

Mailing Address

1051 S.W. PINE STREET OCALA FL 34474 1051 S.W. PINE STREET OCALA FL 34474

FILED May 07 1997 8:00am Secretary of State



OGALA FL 34474		OCALA FL 34474					
						3. Date Incorporated or Qualified 08/23/1995	3a. Date of Last Report 09/19/1996
2. Principal Place of Business 21		2a. Mailing Address 26				4. F.I. Number 59-3343507	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta 23		City & St.	ate			Election Campaign financing Trust fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29		Gount 30	ry	8. This corporation has liability for i Florida Statutes	intangible tax under s. 199.032, ☐ Yes No
	9. Name and Address of Curren	t Registered Age	nt		т	10. Name and Address of New Re	gistered Agent
	CK, ROBERT			8	1 Name		
	1 S. PINE AVE			8	2 Street A	ddress (P.O. Box Number is Not Acceptab	ole)
OCA	NLA FL 34470			_			
				8	3		
				8	1 City		FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.050	2 and 607 1508, F	lorida Statu	ites, the abo	ve-named c	corporation submits this statement for the p	urnoso of changing its registered
agent. I	am familiar with, and accept the obliga	orrionea Such dations of, Section 6	nange was 507.0505, F	autnorizea i Iorida Statut	by the corposes.	pration's board of directors. Thereby accep	of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	of and the disculsionable		Tr. Bankend A	ner Signature t	equired when reinstaing)	11016
12.	OFFICERS AND		1111	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE			Change Addition
NAME	CLARK, CRAIG			1.2 NAMI			
STREET ADDRESS				13 S18E	ADDRESS		
CITY-ST-ZIP	OCALA FL 34474			14 CITY	ST-7IP		
TITLE	V		DELETE	2 1 11 LE			Change Addition
NAME	BLACK, ROBERT			2.2 NAMI			
STREET ADDRESS 888 SHEEPSHEAD AVE				2 3 S1RE	1 ADDRESS		
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169				2 4 G/JY	- S1 - 7IP		
TITLE	V V V V V V V V V V V V V V V V V V V	L.] DELETE "	3 1 TITLE			Change [] Add-tion
NAME BLACK, NANCY				3.2 NAMI			,
STREET ADDRESS	868 SHEEPSHEAD AVE NEW SMYRNA BEACH FL 3216	•		. I	-I ADDRESS		
CITY-ST-ZIP TITLE	V SMINNA BEACH PL 3210		DELFTE	3.4 City	- S1 - Z10°		D Observed
NAME	CLARK, LAURA	L	ן טננרונ	4.1 TILLE 4.2 NAV			☐] Change ☐ Addit on
STREET ADDRESS	1 4444 4 111 4411 1144 1144						
CITY-ST-ZIP	OCALA FL 34474			1	-LADERESS		
TITLE			DELETE	4.4 COY	21.51.		Change Addition
NAME		_	=	5.2 NAME	j		
STREET ADDRESS				ı	1 ADDRESS		
CITY-ST-ZIP				5.4 CITY			
TITLE			DELFTE	6.1 TITLE			Change Addition
NAME				6.2 NAML			•
STREET ADDRESS	<u> </u>			6.3 S1H(LADDRESS		
CITY-ST-ZIP				6.4 CITY	S1-ZIP		
14. I do here	by certify that the information supplied	I with this filing do	es not qua	lify for the ex	emption sta	ited in Section 119.07(3)(i), Florida Statutes	s. I further certify that the

• I do nereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), I forida 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 it am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 43 if charged, or on an attachment with an address.

appears in block 12 or block 3 ii changed, or on an atlachment with arvaddi

Robert M BLACK 4-28-97 352-368-669