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 # P95000096927

C & H SUBWAY, INCORPORATED

Principal Place of Business

Mailing Address

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90084 044 ***150.00



orporated or Qualifed 1995 ber Applied For
Not Applicable
e of Status Desired
Campaign Financing S5.00 May Be Added to Fees
poration owes the current year Intangible I Property Tax.
nd Address of New Registered Agent
Number is Not Asseptable) Place

office or registered agent, or both, in the State of Florida. Such change was authorized by 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12	
TITLE	D DELETE	1.1 TITLE	D ·	Change	Addition	
NAME	CARTER, HAROLD E	12 NAME	Carter Harold E			
STREET ADDRESS	7402 NW 128TH PLACE	1.3 STREET ADDRESS	1 2 1 1 1 2 2 3	Mace		
CITY-ST-ZIP	ALACHUA FL 32615	1.4 CITY-ST-ZIP	Alachua FL 3	2615		
TITLE	D DELETE	2.1 TITLE	D	Change	☐ Addition	
NAME	CARTER, CHARLOTTE J	2.2 NAME	Carter Charlotta	τ		
STREET ADDRESS	7402 NW 128TH PLACE	2.3 STREET ADDRESS	1414 NW 12842 131	oce-		
CITY-ST-ZIP	ALACHUA FL 32615	2.4 CITY-ST-ZIP	Alachua FC 32	615-		
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. Thereby 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 supplied with this timing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I interfer certify that the monthal 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.