FILE NOW: FILING FEE AFTER MAY 1 IS \$5

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTME OF STATE

Sandra B. Md ham

Secretary of DIVISION OF CORP

RATIONS

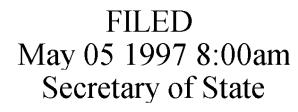
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DOCUMENT # P9600064122 (0)

BLIMPIE OF LAND O'LAKES, INC.

Principal Place of Business

Mailing Address





2851 LAKE SAX LAND O' LAKE		2851 LAKE SAXON DRIVE LAND O' LAKES FL 348 3				
					3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			593406172	Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Count	у	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes No
	p. Name and Address of Curr	ent Registered Agent		- 4	10. Name and Address of New Re	Istered Agent
LEE,	ANDREA		8	Name		
2851 LAKE SAXON DRIVE LAND O' LAKES FL 34639			8:	82 Street Address (P.O. Box Number is Not Acceptable)		θ)
Pul	D O DANEOTE STORE		8	3		
			8	1 City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508, Florida Statuate of Florida Such change was ligations of, Section 607.0505, F	ites, the abo authorized to lorida Statuti	ve-named cor by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registere
SIGNATURE						
	Signature, typed or printed name of registered			gent signature requ	ured when reinstating)	DATE
12.		AND DIRECTORS DELETE	13.	····	ADDITIONS/CHANGES TO OFFIC	
TITLE	D ANDOCA	C) DECEIE	1.4 TITLE			Change Addition
NAME	LEE, ANDREA		1.⊉ NAME			
STREET ADDRESS	2851 LAKE SAXON DRIVE		1.8 STRE	T ADDRESS		
CITY-ST-ZIP	LAND O' LAKES FL 34839	Letter	1.4 CITY			Characa III (PRO)
TITLE		☐ DELETE	2.4 TITLE			☐ Change ☐ Additio
NAME			2.2 NAME	ł		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	2, 4 CITY			Change Addition
TITLE		LJ DELÉTE	3 1 1111.6	-		☐ Change ☐ Addition
NAME			3 P NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		DELETE	3.4. CATY 4.4. THE E			Change Addition
TITLE		btate				
NAME .			4.2 N.M			
STREET ADDRESS			1 1	1 ADDRESS		
CITY-ST-ZIP		DELETE	4.4.017			Change Addition
TITLE		☐ PETEIE	5.1 TI E	4		☐ Change ☐ A00III
NAME			5.P NAME	- 1		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY			Change Addition
TITLE		☐ DELETE	6 1 1111.6	1		L. J Change L. J Adoith
NAME			6.2 NAME	1		
STREET ADDRESS				1 ADDRESS		
CITY-ST-7IP			6.4 CITY	\$1 - 2(P)		

I do 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 1960k 13 if changed, or on an attachment with an address.