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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000010300 (6)

SWIFT SOUP AND SANDWICHES, INC.

FILED Apr 30 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 5636 SWIFT RD 5636 SWIFT RD SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0720513 2012 21 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country This corporation owes ar has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ZALANKA, CRAIG V Name een Weaver 5636 SWIFT RD 82 Street Address (P.O. Box Numbers **SARASOTA FL 34231** 83 84 City Saraso 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. W o of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE 1.1 TITLE ZALANKA, CRAIG 1.2 NAME 2231 LOCKWOOD MEADOWS ST STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34234 1.4 CITY - ST- ZIP CITY-ST-Z#P X DELETE ☐ Change Addition TITLE 2.1 TITLE LETTCH, LISA M NAME 2.2 NAME 2231 LOCKWOOD MEADOWS ST STREET ADDRESS 2.3 STREET ADDRESS SABASQTA FL 34234 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ş/D 3.1 TITLE Change Addition TITI F olleen u NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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 13 if changed, or on an attachment with an address.

4-17 1 1990