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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081425 (5)

BLIMPIE OF GAINESVILLE ONE, INCORPORATED

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Feb 27 1998 8:00am Secretary of State



17/98

1724 NE 2ND ST Gainesville fl 32809		1724 NE 2ND ST Gainesville fl 32609		DO NOT WRITE IN TH	IIS SDACE
				3. Date Incorporated or Qualified 09/18/1997	NO OF AUL
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 25 NW 1619 HVE Suite, Apt. #, etc.		26] 25 NW 16 th AVE Suite, Apt. #, etc.		79-3400 163	Not Applicable
22 C		27 C		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 GAINESVILLE FL		City & State 28 GA INGSVILL	c FO	6. Election Campaign Financing	\$5.00 May Be
<u>کان کارکا</u> Zip	Country	28 OATIVESVILL	Country	Trust Fund Contribution 6. This corporation owes or has paid the	Added to Fees
24 32Lpl	OL 25 LUSA	20 32601 30	- 11CA	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
MURPHY, THOMAS F JR. 1724 NE 2ND ST GAINESVILLE FL 32609			82 Street 83 84 City	Murphy Thomas F. Bodress (N. Box Number's Natificiation) St. SAINESUILLE F	JR AITE C
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 registored 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.					
SIGNATURE Signature typed or profited name of agent and titled applicable (NOTE Begistered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPTS	DELETE	1.1 TITLE		Change Addition
NAME	MURPHY, THOMAS F JR.		1.2 NAME	110,000,000,000,000,000,000,000,000,000	
STREET ADDRESS	1 724 NE 2ND ST -		1.3 STREET ADDRESS	4300 NW 23 na Ave, # 4	
CITY-ST-ZIP	-GAINEGUILE-FL 32000		1.4 CITY - ST - ZIP	Canesyll, FL 32605	
TITLE	D AMBOUN LODDAINE	[_] DELETE	2.1 TITLE	• •	L Change L Addition
NAME	MURPHY, LORRAINE 5307 NW 91 BLVD		2.2 NAME		
STREET ADDRESS	GAINESVILLE FL 32653		23 STREET ADDRESS	_	
CITY-ST-ZIP TITLE	CHITESTILLE PL 32033	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		_ v.c	3.2 NAME		C change C Addition
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		DILETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		T BOOK	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	setily that the information encoded with	h this films done not qualify for the	6.4 CITY-ST-ZIP	od in Section 119 07/3Vi) Florida Statutas Liuriba	r cartify that the information
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 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 true (see 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 will) an address.					