PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000025183

FIREHOUSE SUBS OF PONTE VEDRA CO., INC.

Principal Place of Business 8380-8 BAYMEADOWS ROAD Mailing Address

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90013 030 ***150.00



8390-8 BAYMEADOWS ROAD JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/16/1998 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 357 MARSH LADDING PKG Suite, Apt. 4, etc. Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State __ \$5.00 May 80 -Election Campaign Financing City & State \Box 110 Beach Added to Fees Trust Fund Contribution Country Zip 8. This corporation owes the current year Intangible □ No DUVAL ☐ Yes Personal Property Tax. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 HEARNBURG, P. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 8380-8 BAYMEADOWS ROAD JACKSONVILLE FL 32256 Zip Code City 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. SIGNATURE DATE (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE IMF CR2E034 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 12586 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 2.1 TITLE TITLE 2.2 NAME MAUF 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 31 mle TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 34.CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE NAME 6 3 STREET ADDRESS STREET ADDRESS 8.4 CITY-ST-ZIP 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.