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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000049601

1. Corporation Name

QUIZNO'S - WEST OAKS, INC.

Principal Place of Business

6223 PASADENA POINT BLVD SOUTH
GULFPORT FL 33707

Mailing Address

6223 PASADENA POINT BLVD SOUTH
GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

59-3524870

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BLACK, BARBARA JILL
6223 PASADENA POINT BLVD SOUTH
GULFPORT FL 33707

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE ☐ DELETE
NAME **Black Barbara Jill**
STREET ADDRESS **6223 Pasadena Point Blvd S.**
CITY-ST-ZIP **Gulfport FL 33707**

TITLE ☐ DELETE
NAME **David Black**
STREET ADDRESS **6223 Pasadena Point Blvd S.**
CITY-ST-ZIP **Gulfport FL 33707**

TITLE ☐ DELETE
NAME **Mark B. Stammel**
STREET ADDRESS **8522 Black Mesa Dr**
CITY-ST-ZIP **Orlando, FL 32829**

TITLE ☐ DELETE
NAME **Sylvia M. Stammel**
STREET ADDRESS **8522 Black Mesa Dr**
CITY-ST-ZIP **Orlando, FL 32829**

TITLE ☐ DELETE
NAME **David Black**
STREET ADDRESS **6223 Pasadena Point Blvd S.**
CITY-ST-ZIP **Gulfport FL 33707**

TITLE ☐ DELETE
NAME **Mark B. Stammel**
STREET ADDRESS **8522 Black Mesa Dr**
CITY-ST-ZIP **Orlando, FL 32829**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 507, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)