

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90169 022 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000075634

1. Corporation Name

ISLAND SANDWICH SHOP, INC.

Principal Place of Business

5672 CHANNEL VIEW BLVD
JACKSONVILLE FL 32226

Mailing Address

5672 CHANNEL VIEW BLVD
JACKSONVILLE FL 32226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

59-3411492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

PRINCE, LARRY
5672 CHANNEL VIEW BLVD
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name

Larry C. Prince

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

11876 Old Oaks Ct S

83

84 City

Jacksonville

FL

85 Zip Code

32223

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

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

Larry C. Prince

1.2 NAME

11876 Old Oaks Ct South

1.3 STREET ADDRESS

Jacksonville, FL 32223

1.4 CITY-ST-ZIP

☐ Change

☒ Addition

2.1 TITLE

Larry C Prince Jr.

2.2 NAME

12823 Ridgemoor Ln

2.3 STREET ADDRESS

Jacksonville, FL 32258

2.4 CITY-ST-ZIP

☐ Change

☒ Addition

3.1 TITLE

Audrah M. Prince

3.2 NAME

12822 Ridgemoor Ln

3.3 STREET ADDRESS

Jacksonville, FL 32258

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)