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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P98000086913

PARKWAY SUBS & SALADS, INC.

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90148 035 \*\*\*150.00



		Mailing Address		<u> </u>			
Principal Place of Business 419 E. CAPE CORAL PKWY SPACE A CAPE CORAL FL 33904		C/O ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS FL 33906		DO NOT WRITE IN	THIS SPACE		
				3. Date Incorporated or Qualifed			
					10/09/1998		
		O. M. Non Address			4. FEI Number	Appli	ied For
2. Principal Pla	Principal Place of Business 2a. Mailing Address				65-0869136	Not /	Applicable
21 26 Suite Apt. #, etc.			<u></u> . <u></u>			\$8.75 Ad	
Suite, Apr. #, etc.					5. Certifcate of Status Desired	Fee Requ	uired
22	27 City & State		<del></del>		6. Election Campaign Financing	\$5.00 M	lay Be
City & State		— ·	<u> </u>		Trust Fund Contribution	Added to	Fees
23		28	Country		8. This corporation owes the current ye	ar Intangible	.
Zip					Personal Property Tax.	Yes L	No
24	25	11	<del></del>		10. Name and Address of New Regist	ered Agent	
	9. Name and Address of Curre	nt Registered Agent	81	Name			ļ
501	DEAN DOBERT D. ID		L		A STATE OF THE STA	·	
RUY	STON, ROBERT D JR.		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	O NEW BRITTANY BLVD.		83	<u> </u>			
	E 101			1		- In-1 7: C	
FOR	T MYERS FL 33907		84	City		FL 85 Zip C	ode
agent, far	m familiar with, and accept the oblig	gations of, booties, but the contract of				ATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Change	X Addition
TILE	D	☐ DELETE	1.1 TITLE		Ρ,	Cicianin	1247100100.7
NAME	SERGEYS, MICHAEL R		1.2 NAME	1			
STREET ACDRESS	1410 S.E 24TH ST.		1.3 STREE	ET ADDRESS			
1	CAPE CORAL FL 33904		1.4 CITY-	ST-ZIP		Change	Addition
TITLE	D	☐ DELETE	2.1 THILE		V-P, S, T	☐ ¢@ande	CX Madriday
I	SERGEYS, LESLIE M		2.2 NAME				
NAME	ALLA A C ALTIL OT		2.3 STRE	ET ADDRESS			
STREET ALXORESS	CAPE CORAL FL 33904		2.4 CITY-	ST-ZIP		(7.0)	Addition
CITY-ST-ZIP	CAPE CORAL PE 33304 DELETE 3:		3.1 TITLE			Change	C) Addition
			3.2 NAME	Ē			
NAME.			3.3 STRE	ET ADDRESS			
STREET ADDRESS			3.4. CITY	-ST-ZIP			☐ Addition
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change	☐ Addition
TITLE			4. 2 NAM	Œ			
NAME			4.3 STRE	EET ADDRESS			
STREET ADDRESS			4.4 CITY				
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.1 TITU			Change	Addition
TITLE			5.2 NAM				
NAME			5.3 STR	EET ADDRESS			
STREET ADDRESS	6		1	-ST-ZIP			
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TITL			☐ Change	Addition
TITLE		C) DELCTE	6.2 NAM				
NAME	1			: EET ADDRES!			
STREET ADDRES	s}		l l				
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	ed in Section 119.07(3)(i). Florida Statutes. I fu	rther certify that the	information

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 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 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 indicated on this annual report or supplemental annual report to true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Statutes are considered in the same legal effect as if made under oath; that I am an indicated on this annual report or supplemental annual report or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in office 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 office 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 office or director of the corporation or the receiver or trustee empowered.

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