

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90050 013 ***150.00

DOCUMENT # S58852

1. Corporation Name
SEMINOLE SUBS, INC.

Principal Place of Business
640 W TENNESSEE ST
TALLAHASSEE FL 32304
US

Mailing Address
640 W TENNESSEE ST
TALLAHASSEE FL 32304
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/11/1991

4. FEI Number
59-3070574

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITLEY, MARK P.
10663 LAKE IAMONIA DRIVE
TALLAHASSEE FL 32312

81 Name Matt Gorman CPA
82 Street Address (P.O. Box Number is Not Acceptable)
418 E. Virginia St.
83 Suite 2
84 City Tallahassee FL 85 Zip Code 32301

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WHITLEY, MARK P.
STREET ADDRESS 10663 LAKE IAMONIA DRIVE
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE
1.2 NAME V.P. COSSIN, AL
1.3 STREET ADDRESS 2616 STONING DI.
1.4 CITY-ST-ZIP Tallahassee, FL 32303

TITLE VTS
NAME CHICHESTER, DANIEL R.
STREET ADDRESS 1305 E. WINDWOOD WAY
CITY-ST-ZIP TALLAHASSEE FL 32311

2.1 TITLE V.P.
2.2 NAME Scott McCarthy
2.3 STREET ADDRESS 1454 Valley Creek Dr.
2.4 CITY-ST-ZIP Tallahassee FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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 (11/98)

0051372