

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S59083 (3)**

1. Corporation Name

**INTERSTATE SUBS, INC.**



Principal Place of Business

Mailing Address

**7038 OKEECHOBEE ROAD  
FT. PIERCE FL 34945**

**7038 OKEECHOBEE ROAD  
FT. PIERCE FL 34945**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/10/1991**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0295671**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**LONG, JOHN A.  
1800 N ROOSEVELT BLVD  
KEY WEST FL 33040**

81 Name

**MARIE LONG**

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

*Marie Long*

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

(NOTE: Registered Agent signature required when reinstating)

*June 24/96*

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
 NAME **LONG, JOHN**  
 STREET ADDRESS **1800 N. ROOSEVELT BLVD.**  
 CITY - ST - ZIP **KEY WEST FL**

TITLE **VP** ☐ DELETE  
 NAME **LONG, MARIE**  
 STREET ADDRESS **1800 N. ROSSEVELT BLVD.**  
 CITY - ST - ZIP **KEY WEST FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition  
 1.2 NAME **MARIE LONG**  
 1.3 STREET ADDRESS **1800 N ROOSEVELT BLVD**  
 1.4 CITY - ST - ZIP **KEY WEST FL**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marie Long*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*June 24/96*

DATE

*407-489-3123*

Daytime Phone #

CR2E034 (3/96)