

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 20 AM 11:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # S94217 (4)**

1. Corporation Name  
**SUBS PLUS OF ALACHUA, INC.**

Principal Place of Business  
**3700 N.W. 91ST STREET  
400E  
GAINESVILLE FL 32606  
US**

Mailing Address  
**3700 N.W. 91ST STREET  
400E  
GAINESVILLE FL 32606  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**11/15/1991**

3a. Date of Last Report  
**04/18/1994**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

4. FEI Number  
**59-3092840**

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WEBB, HERBERT M. III  
4400-E N.W. 23RD AVE  
GAINESVILLE FL 32606**

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**

| TITLE | NAME            | STREET ADDRESS       | CITY - ST - ZIP |
|-------|-----------------|----------------------|-----------------|
| D     | BAUER, RONALD   | RT. 2 BOX 639-B      | NEWBERRY FL     |
| D     | BAUER, LINDA M. | 15913 N.W. 28TH AVE. | NEWBERRY FL     |
|       |                 |                      |                 |
|       |                 |                      |                 |
|       |                 |                      |                 |
|       |                 |                      |                 |
|       |                 |                      |                 |
|       |                 |                      |                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|--------|----------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | Change | Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/95 (904) 375-3070**

Date

Daytime Phone #