

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90014 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V21567

1. Corporation Name

JON SMITH SUBS FRANCHISING, INC.

Principal Place of Business

3900 WOODLAKE BLVD.  
STE 206  
LAKE WORTH FL 33463  
US

Mailing Address

3900 WOODLAKE BLVD.  
LAKE WORTH FL 33463  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1992

4. FEI Number

65-0322330

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 6021 Duckweed

Suite, Apt. #, etc.

22 City & State

23 Lake Worth, FL

Zip

24 33467

Country

25 US

2a. Mailing Address

26 6021 Duckweed

Suite, Apt. #, etc.

27 City & State

28 Lake Worth, FL

Zip

29 33467

Country

30 US

9. Name and Address of Current Registered Agent

SMITH, JONATHAN  
3900 WOODLAKE BLVD  
STE 206  
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

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

83 6021 Duckweed Rd

84 City

Lake Worth, FL

85 Zip Code

33467

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 ☐ DELETE

NAME  
DPS  
SMITH, JONATHAN  
STREET ADDRESS  
6021 DUCKWEED ROAD  
CITY-ST-ZIP  
LAKE WORTH FL

TITLE ☐ DELETE

NAME  
T  
SMITH, JONATHAN  
STREET ADDRESS  
6021 DUCKWEED ROAD  
CITY-ST-ZIP  
LAKE WORTH FL

TITLE ☐ DELETE

NAME  
V  
ZWEIBAN, NEAL  
STREET ADDRESS  
6021 DUCKWEED ROAD  
CITY-ST-ZIP  
LAKE WORTH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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)