FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 FEB 22 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # V23865 (1)

1. Corporation Name
SUBTON INC.

Principal Place of Business
474 WASHINGTON CT.
FT. MYERS BEACH FL 33931

Mailing Address
474 WASHINGTON CT.
FT. MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0321606 — [X] 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 [X] Yes ☐ No

2. Principal Place of Business
21 6900 Daniels Rd
Suite, Apt. #, etc.
22 Suite #4
City & State
23 Fort Myers FL
Zip 24 33912 — Country 25 Lee

2a. Mailing Address
26 6900 Daniels Rd.
Suite, Apt. #, etc.
27 Suite #4
City & State
28 Fort Myers, Fl.
Zip 29 33912 — Country 30 Lee

9. Name and Address of Current Registered Agent
MURPHY, DEBRA
474 WASHINGTON CT.
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent
81 Name: Doris Dube'
82 Street Address (P.O. Box Number is Not Acceptable): 474 Washington Ct
83 Ft. Myers Bch.
84 City — FL — 85 Zip Code 33931

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: Doris Dube — Doris Dubé — Date: 2-15-94

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	DUBE', DORIS
STREET ADDRESS	474 WASHINGTON CT.
CITY ST ZIP	FT. MYERS BEACH FL
TITLE	D
NAME	DUBE', ANTHONY C.
STREET ADDRESS	474 WASHINGTON CT.
CITY ST ZIP	FT. MYERS BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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

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-02/23/95--01019--018
****200.00 ****200.00

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

DLA 2-22

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris Dube' — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Doris Dube'

Date: 2-15-94 — Daytime Phone #: 813/768-0303

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