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FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

6900 DANIELS RD.  
STE. #4  
FT. MYERS FL 33912  
US

Mailing Address

6900 DANIELS RD.  
STE. #4  
FT. MYERS FL 33912-1584  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

DUBE', DORIS  
474 WASHINGTON CT.  
FT. MYERS BEACH FL 33931

2a. Mailing Address

26 474 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/25/1992

3a. Date of Last Report

02/20/1996

4. FEI Number

65-0321606

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

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 ST ☐ DELETE  
NAME DUBE', DORIS  
STREET ADDRESS 474 WASHINGTON CT.  
CITY-ST-ZIP FT. MYERS BEACH FL

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

TITLE VP ☐ DELETE  
NAME TIEDT, WARREN M.  
STREET ADDRESS 474 WASHINGTON CT  
CITY-ST-ZIP FT. MYERS BEACH FL

TITLE S ☐ DELETE  
NAME Debra White  
STREET ADDRESS 474 WASHINGTON CT.  
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 C-T ☒ Change ☐ Addition  
1.2 NAME DUBE', DORIS  
1.3 STREET ADDRESS 474 WASHINGTON CT.  
1.4 CITY-ST-ZIP FT. MYERS BEACH, FL.

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME DUBE', ANTHONY C.  
2.3 STREET ADDRESS 474 WASHINGTON CT.  
2.4 CITY-ST-ZIP FT. MYERS BEACH, FL.

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

4.1 TITLE S ☐ Change ☒ Addition  
4.2 NAME WHITE, Debra.  
4.3 STREET ADDRESS 474 WASHINGTON CT.  
4.4 CITY-ST-ZIP FT. MYERS BEACH, FL.

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 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

SIGNATURE:

DORIS DUBE' 1-27-97 (941) 463-0519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0400801

CR2E034 (9/96)