

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V26061

(4)

1. Corporation Name

BLIMPIE OF WINTER HAVEN INC.



Principal Place of Business

238 WINTER HAVEN MALL
WINTER HAVEN FL 33882

Mailing Address

100 WOOD VALE DR.
MONTGOMERY AL 36109

3. Date Incorporated or Qualified

04/03/1992

3a. Date of Last Report

05/02/1995

4. FEI Number

59-3114983

Applied For

Not Applicable

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

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

BLACKWELL, RUBY C.
200 AVENUE K S.E.
APT. 101
WINTER HAVEN FL 33880

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

Ruby C. Blackwell

4-18-96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

SCHIMP, PARK E.
100 WOOD VALE DR.
MONTGOMERY AL 36109

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

SCHIMP, NANCY BLACKWELL
100 WOOD VALE DR.
MONTGOMERY AL 36109

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

27 NAME

28 STREET ADDRESS

29 CITY - ST - ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

Nancy Blackwell Schimp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

334-260-8233

Daytime Phone #

CR2E034 (12/95)