

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39657

(4)

1. Corporation Name

SUBWAY OF WINTER GARDEN, INC.

2. Principal Office Address

1045 SOUTH DILLARD ST
WINTER GARDEN FL 34787
US

3. Mailing Address

705 E LAKESHORE DR
OCFEE FL 34261
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

05/29/1992

3a. Date of Last Report

04/27/1994

4. FID Number

NOT APPLICABLE

Applies For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Total Cash Contributions

\$5.00 May Be
Added to Fees

8. This corporation has liability for substantial tax under 26 U.S.C.
Has it? ☒ Yes ☐ No

2. Principal Office Address

21

2a. Mailing Address

26

3. Principal Office Address

22

3a. Mailing Address

27

4. FID Number

23

4a. FID Number

28

5. Certificate of Status Desired

24

5a. Certificate of Status Desired

29

5b. Certificate of Status Desired

30

9. Name and Address of Current Registered Agent

PRYOR, JOHN M.
705 E. LAKESHORE DRIVE
OCFEE FL 34761

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State

FL

85 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances as to the information required by this report. I am a duly qualified officer or director of the corporation and have the authority to execute this report. I am a duly qualified officer or director of the corporation and have the authority to execute this report. I am a duly qualified officer or director of the corporation and have the authority to execute this report.

SIGNATURE: *John Pryor*

John Pryor

12. Name and Address of Registered Agent

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE PAGE 1)

NAME

PT
PRYOR, JOHN
705 E. LAKESHORE DR.
OCFEE FL 34761

VS

PRYOR, GAYLE
705 E. LAKESHORE DR.
OCFEE FL 34761

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SIGNATURE:

Gayle Pryor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

407-652-583