FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 10 PM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # V64021

1. Corporation Name

Blimpie of Tallahassee Inc.

Principal Place of Business	Mailing Address
2460 Royal Oaks Dr. Tallahassee, Fl 32308	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/15/92	3a. Date of Last Report: 1994
4. FEI Number: 59-3143556	Applied For / Not Applicable
5. Certificate of Status Desired: X	$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 § 199.032, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2460 Royal Oaks D.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee Fl	City & State 28
Zip 24 32308 — County 25	Zip 29 — County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Gies Martin 2047 W Pensacola St. Tlh Fl 32304.	81 Name: Joe Rizza 82 Street Address (P.O. Box Number is Not Acceptable): 2460 Royal Oaks Dr. 83 84 City: Tallahassee FL 85 Zip Code: 32308

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: Joe Rizza - President — 5/5/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres - Co. - D	11 TITLE	☐ Change ☐ Addition
NAME	Joe Rizza	12 NAME	000001485780
STREET ADDRESS	2460 Royal Oaks D.	13 STREET ADDRESS	-05/12/95--01055--002
CITY-ST-ZIP	Tallahassee Fl 32308	14 CITY-ST-ZIP	****233.75 ****233.75
TITLE	Pres - Co. - D	21 TITLE	☐ Change ☐ Addition
NAME	Gies Martin	22 NAME	
STREET ADDRESS	2047 W Pensacola St.	23 STREET ADDRESS	
CITY-ST-ZIP	Tlh Fl 32304	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	AP 5/10
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 the 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: Joe Rizza Pres. — 5/5/95 — 904 668 5608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #