FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001484577
-05/11/95 -01093 -001
****800.00 ****200.00

DOCUMENT # **J61897** **(1)**

1. Corporation Name
CJ'S FRANCHISE, INC.

Principal Place of Business	Mailing Address
100 WEST LIVINGSTON STREET ORLANDO, FL 32801	100 WEST LIVINGSTON STREET ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/16/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2773840** ☐ 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

9. Name and Address of Current Registered Agent

HARMENING, W.A., II
100 W. LIVINGSTON ST.
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HARMENING, W.A., II	12 NAME		
STREET ADDRESS	100 W. LIVINGSTON STREET	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☒ Change ☐ Addition
NAME	LOCKE, JOHN	22 NAME		
STREET ADDRESS	100 W. LIVINGSTON STREET	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	No longer an officer	☒ Change ☐ Addition
NAME	~~MESCON, JONATHAN~~	32 NAME	Mescon, Jonathan	
STREET ADDRESS	100 W. LIVINGSTON STREET	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	DC	41 TITLE		☐ Change ☐ Addition
NAME	STINE, ROBERT H.	42 NAME		
STREET ADDRESS	100 W. LIVINGSTON STREET	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	STINE, JEFFREY P.	52 NAME		
STREET ADDRESS	100 W. LIVINGSTON STREET	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: W.A. Harmening II 5/1/95 407-843-5775
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0043718 CP