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May 16 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 # **P95000065624 (5)**

1. Corporation Name
FRANCHISE 500, INC.

Principal Place of Business	Mailing Address
5537 SHELDON RD W TAMPA FL 33615	P.O. BOX 1573 BRANDON FL 33509-1573

3. Date Incorporated or Qualified: 08/24/1995	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3346440	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 9220 Bay Plaza Blvd.	26
22 Suite 609	27
23 Tampa, FL	28
24 33619	29
25 USA	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELLIVENIRI, MICHAEL T 3701 KENTFIELD PLACE VALRICO FL 33594	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DELLIVENIRI, MICHAEL T		1.2 NAME		
STREET ADDRESS	3701 KENTFIELD PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZIP		
TITLE	DVPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELLIVENIRI, BRENDA		2.2 NAME		
STREET ADDRESS	3701 KENTFIELD PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP		
TITLE	VP/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EGAN, STEPHEN M		3.2 NAME		
STREET ADDRESS	5537 SHELDON RD., SUITE W		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		3.4 CITY-ST-ZIP		
TITLE	COO/VP/D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Humphriey, James R.		4.2 NAME		
STREET ADDRESS	30599 N. US. Highway 19		4.3 STREET ADDRESS		
CITY-ST-ZIP	Palm Harbor, FL 34684		4.4 CITY-ST-ZIP		
TITLE	D/VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Roger L. Suggs		5.2 NAME		
STREET ADDRESS	2252 E. Edgewood		5.3 STREET ADDRESS		
CITY-ST-ZIP	Lakeland, FL 33803		5.4 CITY-ST-ZIP		
TITLE	D/VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Donald J. Smith		6.2 NAME		
STREET ADDRESS	2252 E. Edgewood		6.3 STREET ADDRESS		
CITY-ST-ZIP	Lakeland, FL 33803		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Brenda Dellivenir[illegible] 4-8-97 813-685-7146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #