

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 21 AM 9:42

DOCUMENT # S91264 (9)

1. Corporation Name
CHECKERS OF PALM HARBOR, A FRANCHISEE, INC.

Principal Place of Business Mailing Address
P.O. BOX 14357 P.O. BOX 14357
CLEARWATER FL 34629 CLEARWATER FL 34629

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/31/1991	03/07/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-3096186	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent	
PEREZ, MICHAEL G. % CHECKERS 33225 US HWY 19 N PALM HARBOR FL 34684				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MICHAEL G.	1.2 NAME	
STREET ADDRESS	14201 CAROL MANNOR DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	LARGO FL	1.4 CITY- ST- ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, GEORGE W.	2.2 NAME	
STREET ADDRESS	14201 CAROL MANNOR DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	LARGO FL	2.4 CITY- ST- ZIP	
TITLE	OST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, NORMA L.	3.2 NAME	
STREET ADDRESS	14201 CAROL MANNOR DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	LARGO FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 110.07(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 addendum.

SIGNATURE: Michael G. Perez 1/31/95-813 789-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President
Date Signature Number