FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 438161 (2)

1. Corporation Name

FAMOUS RECIPE FRIED CHICKEN OF SANFORD, INC.

Principal Place of Business	Mailing Address
681 FORT ROSE DR WINTER SPRINGS FL 32708	681 FORT ROSE DR WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1973
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-1489903 — 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 1905 S FRENCH AVE	26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 SANFORD FL	City & State 28
Zip 24 32771 — County 25 SEMINOLE	Zip 29 — Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SULLIVAN, ROBERT G. 681 FORT ROSE DR WINTER SPRINGS FL 32708	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	SULLIVAN, MARGUERETTE	12 NAME	ROBERT G. SULLIVAN
STREET ADDRESS	681 FORT ROSE DR	13 STREET ADDRESS	681 FORT ROSE DR
CITY-ST-ZIP	WINTER SPRINGS FL	14 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	SD	21 TITLE	VICE PRES/SEC D ☒ Change ☐ Addition
NAME	HARICH, CARLA S.	22 NAME	MARGURETTE SULLIVAN
STREET ADDRESS	67 BEVERLY HILLS AVENUE	23 STREET ADDRESS	681 FORT ROSE DR
CITY-ST-ZIP	PONCE INLET FL	24 CITY-ST-ZIP	WINTER SPRINGS FL. 32708
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SCOTT, ELLEN K	32 NAME	
STREET ADDRESS	2801 ALBANY AVE	33 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	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	
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(1)(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: ROBERT G SULLIVAN Robert G Sullivan 407-695-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037060 CP