

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 18 PM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 456358 (1)

1. Corporation Name

MCDONALD'S RESTAURANTS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**BOX 66351
AMF O'HARE AIRPORT
CHICAGO IL 60666**

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AMF O'HARE AIRPORT
CHICAGO IL 60666**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/03/1974

3a. Date of Last Report

04/01/1994

4. FEI Number

36-2802459

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	RENSI, EDWARD H
STREET ADDRESS	ONE MCDONALD'S PLAZA
CITY - ST - ZIP	OAK BROOK, IL 0
TITLE	V
NAME	GREENBERG, JACK M.
STREET ADDRESS	ONE MCDONALD'S PLAZA
CITY - ST - ZIP	OAK BROOK, IL 0
TITLE	V
NAME	BEAVERS, ROBERT M.
STREET ADDRESS	ONE MCDONALD'S PLAZA
CITY - ST - ZIP	OAK BROOK, IL 0
TITLE	V
NAME	PAULL, MATTHEW H.
STREET ADDRESS	ONE MCDONALD'S PLAZA
CITY - ST - ZIP	OAK BROOK, IL 0
TITLE	VSD
NAME	YASTROW, SHELBY
STREET ADDRESS	ONE MCDONALD'S PLAZA
CITY - ST - ZIP	OAK BROOK, IL 0
TITLE	VI
NAME	PEARL, CARLETON D
STREET ADDRESS	ONE MCDONALD'S PLAZA
CITY - ST - ZIP	OAK BROOK, IL 0

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 address.

SIGNATURE:

Matthew H. Paull

/ **MATTHEW H. PAULL**

04/10/95

(708) 575-3295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT-TAX

Date

Telephone Number