| Fee 6. Name and Address of Current Registered Agent RUENHECK, JEROME B. 1944 E EDGEWOOD DR. LAKELAND, FL 33803 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fair the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tife if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. P NAME SHIMP, WILLIAM L. STREET ADDRESS | |
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| FLORIDA FAST FOOD SERVICES, INC. Principal Place of Business 1944 E. EDGEWOOD DR. 1944 E. EDGEWOOD DR. LAKELAND, FL 33803 DO NOT WRITE IN THIS SPACE 02022004 No Chg-P CR2E034 4. FEI Number 59-1712138 5-Certificate of Status Desired 0. Name and Address of Current Registered Agent RUENHECK, JEROME B. 1944 E EDGEWOOD DR. LAKELAND, FL 33803 B. The above named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tarr the obligations of registered agent. SIGNATURE Subove named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tarr the obligations of registered agent. SIGNATURE Subove named entily submits this statement for the purpose of changing financing Trust Fund Contribution. State May 1, 2004 Flow will be \$550.00 Pille NOWIII FEE IS \$150.00 After May 1, 2004 Flow will be \$550.00 P ShimP. WilLLIAM L. ShiMP. WilLIAM L. ShiMP. WilLIAM L. ShiMP. WilLIAM L. ShiMP. WilLIAM L. <td>025 ***150.00</td> | 025 ***150.00 |
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| B. Name and Address of Current Registered Agent RUENHECK, JEROME B. 1944 E EDGEWOOD DR. LAKELAND, FL 33803 B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farr the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and tife if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE P SIMP, WILLIAM L. 1944 E. EDGEWOOD DR. | Not Applicable |
| 1944 E EDGEWOOD DR. LAKELAND, FL 33803 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farr the obligations of registered agent. Image: State of Florida in the State of Florida in the State of Florida. I am farr the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and tife if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SHIMP, WILLIAM L. 1944 E, EDGEWOOD DR. | Required |
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| TITLE P NAME SHIMP, WILLIAM L. STREET ADDRESS 1944 E, EDGEWOOD DR. | |
| CITY-ST-ZP LAKELAND, FL | |
| TITLE S NAME RUENHECK, JEROME B. STREET ADDRESS 1944 E EDGEWOOD DR. CITY-ST-ZIP LAKELAND, FL TITLE C | |
| NAME RUENHECK, WILBERT H. STREET ADDRESS 1944 E. EDGEWOOD DRIVE LAKELAND, FL 33803 DO NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 12. I 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 B changed, or on an attachment with an address with all other like empowered. SIGNATURE: | that the information an officer or director lack 10 or Block 11 if |

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