

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 854249

1. Corporation Name

BURGER CHEF SYSTEMS, INC.

Principal Place of Business

1233 HARDEE'S BOULEVARD  
PO BOX 1619  
ROCKY MOUNT NC 27802-8619

Mailing Address

1233 HARDEE'S BOULEVARD  
PO BOX 1619  
ROCKY MOUNT NC 27802-8619

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90051 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1982

4. FEI Number

56-0905056

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURPHY, RORY J	
STREET ADDRESS	1233 HARDEE'S BLVD	
CITY-ST-ZIP	ROCKY MT NC 27804	
TITLE	SVTC	<input type="checkbox"/> DELETE
NAME	SPEED, JAMES H. JR.	
STREET ADDRESS	12613 SHALLOWFORD DRIVE	
CITY-ST-ZIP	RALEIGH NC	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	M'LISS JONES KANE	
STREET ADDRESS	1200 HARPER BLVD	
CITY-ST-ZIP	ANAHEIM CA 92803	
TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	C THOMAS THOMPSON	
STREET ADDRESS	1200 HARPER BLVD	
CITY-ST-ZIP	ANAHEIM CA 92803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAM FOLEY, II	
STREET ADDRESS	1200 HARPER BLVD	
CITY-ST-ZIP	ANAHEIM CA 92803	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARL STRUNK	
STREET ADDRESS	1233 HARDEE'S BLVD	
CITY-ST-ZIP	ROCKY MOUNT NC 27804	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEC. E. Michael Murphy
3.3 STREET ADDRESS	1233 HARDEE'S BLVD.
3.4 CITY-ST-ZIP	Rocky Mount, NC 27804
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

*James H. Speed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99  
Date

(252) 450-8738  
Daytime Phone #

CR2E034 (11/98)