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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FRENCHIE'S INC.

City & State

Zip

F36260

Country

25

(0)

Zip

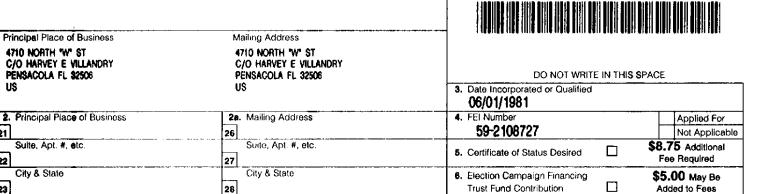
29

FILED May 08 1998 8:00am Secretary of State

8. This corporation owes or has paid the current year Intangible

Yes

Personal Property Tax due June 30.



9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VILLANDRY, HARVEY E 81 Name 4710 NW ST Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32506 83 Zip Code

Country

30

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 hanne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
12.	Signature, typied or printed name of registered agent and title if applicable (NO OFFICERS AND DIRECTORS		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OF FIGURE AND DIRECT	DELETE	1.1 TITLE	Change Addition
	VILLANDRY, HARVEY E	Otter		College College
NAME	4105 KINGS BERRY DR		1.2 NAME	
STREET ADDRESS	PENSACOLA, FL 00000		1. STREET ADDRESS	
CITY-ST-ZIP	PENSACULA, PL UUUUU		1, CITY-ST-ZIP	
TITLE		DELETE	2 TITLE	Change Addition
NAME			2 NAME	
STREET ADDRESS			2 STREET ADDRESS	
CITY-ST-ZIP			2 CITY-ST-ZIP	
TITLE		☐ DELETE	\$ FITLE	Change Addition
NAME			3 NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ DELETE	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			DITY-ST-ZIP	
TITLE		DELETE	UTEE	Change Addition
NAME			NAME	
STREET ADDRESS			TREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ DELETE	HILE	Change Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for th indicated on this annual report or supplemental annual report is true and accurat officer or director of the corporation or the receiver or truster en Towered to execute 12 or Block 13 if changed by on an attachment with an address

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information id that my signature shall have the same legal effect as if made under oath; that I am an this peport as required by Chapter 607. Florida Statutes; and that my name appears in