

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000005719 (0)

1. Corporation Name

ARTHUR TREACHER'S INC.



Principal Place of Business

7400 BAYMEADOWS WAY
STE. 300
JACKSONVILLE FL 32256

Mailing Address

ATTN: WILLIAM SACULLA
P.O. BOX 550617
JACKSONVILLE FL 32255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1993

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

4. FEI Number

34-1413104

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SACULLA, WILLIAM
7400 BAYMEADOWS WAY
STE. 300
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME BROWN, R. FRANK
STREET ADDRESS 7400 BAYMEADOWS WAY, STE. 300
CITY-STATE-ZIP JACKSONVILLE FL 32256

☒ DELETE

TITLE D
NAME GALLOWAY, BRUCE
STREET ADDRESS 7400 BAYMEADOWS WAY, STE. 300
CITY-STATE-ZIP JACKSONVILLE FL 32256

☐ DELETE

TITLE D
NAME THORGASSON, SKULI
STREET ADDRESS 7400 BAYMEADOWS WAY, STE. 300
CITY-STATE-ZIP JACKSONVILLE FL 32256

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director
1.2 NAME William Saculla
1.3 STREET ADDRESS 7400 Baymeadows Way Ste 300
1.4 CITY-STATE-ZIP Jacksonville, FL 32256

☐ Change

☒ Addition

2.1 TITLE Director, CEO
2.2 NAME Bruce Galloway
2.3 STREET ADDRESS 7400 Baymeadows Way, Ste 300
2.4 CITY-STATE-ZIP Jacksonville, FL 32256

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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.

CR2E034 (10/97)