

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000334 (9)**

1. Corporation Name

FRANKLIN & WILSON AIRPORT CONCESSIONS, INC.

Principal Place of Business

Mailing Address

**1201 W. PEACHTREE ST., STE. 3145
ATLANTA GA 30309**

**1201 W. PEACHTREE ST., STE. 3145
ATLANTA GA 30309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

58-2099575

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

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc. 9355 Airport Blvd	26	Suite, Apt. #, etc.
22	City & State Orlando Florida	27	City & State
23	Zip 32827	28	Country USA
24		29	

9. Name and Address of Current Registered Agent

**HARRIS, JAMES
320 BLACK OAK CT. #208
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81	Name James Harris
82	Street Address (P.O. Box Number is Not Acceptable) 4824 Cypress Woods, Dr.
83	# 269
84	City Orlando
85	Zip Code FL 32811

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	CCEO	<input type="checkbox"/> DELETE
NAME	FRANKLIN, DAVID M	
STREET ADDRESS	1201 W. PEACHTREE ST., STE. 3145	
CITY - ST - ZIP	ATLANTA GA 30309	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILSON, RONALD W	
STREET ADDRESS	1201 W. PEACHTREE ST., STE. 3145	
CITY - ST - ZIP	ATLANTA GA 30309	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KNIGHT, VALERIE	
STREET ADDRESS	1691 PHOENIX BLVD., STE. 140	
CITY - ST - ZIP	ATLANTA GA 30349	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BERRARD, STEPHANIE	
STREET ADDRESS	1691 PHOENIX BLVD., STE. 140	
CITY - ST - ZIP	ATLANTA GA 30349	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEBSTER, DONALD	
STREET ADDRESS	1691 PHOENIX BLVD., STE. 140	
CITY - ST - ZIP	ATLANTA GA 30349	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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.

SIGNATURE:

Stephanie L. Berrard

STEPHANIE L. BERRARD 4/15/98 330 004 3455

CR2E034 (10/97)