

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90027 002 ***158.75

DOCUMENT # F97000000334

1. Corporation Name

FRANKLIN & WILSON AIRPORT CONCESSIONS, INC.



Principal Place of Business

9355 AIRPORT BLVD
ORLANDO FL 32827
US

Mailing Address

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 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

10. Name and Address of New Registered Agent

HARRIS, JAMES
4824 CYPRESS WOODS DR
SUITE 269
ORLANDO FL 32811

81 Name

Cabral Franklin

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

9355 Airport Blvd.

83

84 City

Orlando

FL

85 Zip Code

32827

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

James Harris
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO ☐ DELETE
NAME FRANKLIN, DAVID M
STREET ADDRESS 1201 W. PEACHTREE ST., STE. 3145
CITY-ST-ZIP ATLANTA GA 30309

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME WILSON, RONALD W
STREET ADDRESS 1201 W. PEACHTREE ST., STE. 3145
CITY-ST-ZIP ATLANTA GA 30309

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME KNIGHT, VALERIE
STREET ADDRESS 1691 PHOENIX BLVD., STE. 140
CITY-ST-ZIP ATLANTA GA 30349

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME BERRARD, STEPHANIE
STREET ADDRESS 1691 PHOENIX BLVD., STE. 140
CITY-ST-ZIP ATLANTA GA 30349

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME WEBSTER, DONALD
STREET ADDRESS 1691 PHOENIX BLVD., STE. 140
CITY-ST-ZIP ATLANTA GA 30349

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Stephanie L. Berrard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

770.994.7475

Daytime Phone #

CR2E034 (1/1/98)