

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90296 026 ***150.00

DOCUMENT # F99000001220

1. Entity Name
RTM SAVANNAH, INC.



Principal Place of Business
5995 BARFIELD RD
ATLANTA, GA 30328

Mailing Address
5995 BARFIELD RD
ATLANTA, GA 30328



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

58-2192002

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME UMPHENOUR, RUSSELL V JR
STREET ADDRESS 5995 BARFIELD RD
CITY-ST-ZIP ATLANTA, GA 30328

TITLE ☒ Change ☐ Addition
NAME UMPHENOUR, RUSSELL V JR
STREET ADDRESS 5995 BARFIELD ROAD
CITY-ST-ZIP ATLANTA GA 30328

TITLE TDV ☒ Delete
NAME BENHAM, DOUGLAS N
STREET ADDRESS 5995 BARFIELD RD
CITY-ST-ZIP ATLANTA, GA 30328

TITLE ☐ Change ☒ Addition
NAME HARTY, LINDA S
STREET ADDRESS 5995 BARFIELD ROAD
CITY-ST-ZIP ATLANTA GA 30328

TITLE COBD ☐ Delete
NAME COOPER, DENNIS E
STREET ADDRESS 5995 BARFIELD RD
CITY-ST-ZIP ATLANTA, GA 30328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WELCH, J. RUSSELL
STREET ADDRESS 5995 BARFIELD RD
CITY-ST-ZIP ATLANTA, GA 30328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME BARTON, SHARRON L
STREET ADDRESS 5995 BARFIELD ROAD
CITY-ST-ZIP ATLANTA, GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GARRETT, THOMAS A
STREET ADDRESS 5995 BARFIELD RD
CITY-ST-ZIP ATLANTA, GA 30328

TITLE ☒ Change ☐ Addition
NAME GARRETT, THOMAS A
STREET ADDRESS 5995 BARFIELD RD
CITY-ST-ZIP ATLANTA, GA 30328

12. 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 report on supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARRON L. BARTON

4/26/04

(404) 256-4900