

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G18193** **(4)**
1. Corporation Name
FRANCO'S, INC.

Principal Place of Business	Mailing Address
822 SAWGRASS LANE 822 SAWGRASS LANE NEW SMYRNA BEACH FL 32168	822 SAWGRASS LANE 822 SAWGRASS LANE NEW SMYRNA BEACH FL 32168

2. Principal Place of Business	2a. Mailing Address
21 Sub: Apt #, etc.	26 Sub: Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 01/10/1983		3a. Date of Last Report 03/07/1995	
4. FEI Number 59-2263354		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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

SPENCE, HAL
221 NORTH CAUSEWAY
NEW SMYRNA BCH FL 32169

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 607.1506, 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: _____

$$-2 \int_{\mathbb{R}^d} \langle \nabla u, \nabla v \rangle = \int_{\mathbb{R}^d} (u_x + u_y) \nabla \cdot \nabla (v_x + v_y) = \int_{\mathbb{R}^d} \nabla \cdot \nabla (u_x + u_y) \nabla \cdot \nabla (v_x + v_y) = \int_{\mathbb{R}^d} \Delta (u_x + u_y) \Delta (v_x + v_y) = 0.$$

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DOI 10.1002/pola.23181

647

12	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT MERKLE, FRED 822 SAWGRASS LANE NEW SMYRNA BCH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MERKLE, FRED 822 SAWGRASS ALNE NEW SMYRNA BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached card with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 1-96

427-8492

CR2E034 (12/95)