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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90120 043 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **G60777**

1. Corporation Name
FRANCHISE SALES, INC.

Principal Place of Business Mailing Address
625-G HERNDON AVENUE 625-G HERNDON AVENUE
ORLANDO FL 32803 ORLANDO FL 32803

3. Date Incorporated or Qualified
09/22/1983

4. FEI Number Applied For
59-2334189 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

DANIELS, DOUGLAS A
149-F SOUTH RIDGEWOOD
SUITE 120
DAYTONA BEACH FL 32114

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 *Douglas F. Gehring* DATE **4-30-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DC DODGE, N P**

STREET ADDRESS **765 N BEACH ST**

CITY-ST-ZIP **ORMOND BCH, FL 32074**

TITLE DELETE

NAME **DS DODGE, VIRGINIA L**

STREET ADDRESS **765 N BEACH ST**

CITY-ST-ZIP **ORMOND BCH, FL 32074**

TITLE DELETE

NAME **DT GEHRING, BARBARA R.**

STREET ADDRESS **1208 ERROL PARKWAY**

CITY-ST-ZIP **AOPKA, FL 32712**

TITLE DELETE

NAME **MP GEHRING, DOUGLAS F.**

STREET ADDRESS **1208 ERROL PARKWAY**

CITY-ST-ZIP **AOPKA, FL 32712**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: *Douglas F. Gehring* DATE **4-30-99** (407) 994 4459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)