

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90296 031 ***150.00

DOCUMENT # J74196

1. Entity Name
RTM CENTRAL FLORIDA, INC.



Principal Place of Business
5995 BARFIELD ROAD
ATLANTA, GA 30328

Mailing Address
5995 BARFIELD ROAD
ATLANTA, GA 30328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03242004

Chg-P

CR2E034 (10/03)

4. FEI Number
58-1735595

Applied For
Not Applicable

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

CT CORPORATION SYSTEM
1200 S. 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

TITLE PD
NAME UMPHENOUR, RUSSELL V., J. ☐ Delete
STREET ADDRESS 5995 BARFIELD ROAD
CITY-ST-ZIP ATLANTA, GA

TITLE CD
NAME COOPER, DENNIS E. ☐ Delete
STREET ADDRESS 5995 BARFIELD ROAD
CITY-ST-ZIP ATLANTA, GA

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

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

TITLE VSD ☐ Delete
NAME BARTON, SHARRON L
STREET ADDRESS 5995 BARFIELD ROAD
CITY-ST-ZIP ATLANTA, GA 30328

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Umpenour, Russell V., J.
STREET ADDRESS 5995 Barfield Rd.
CITY-ST-ZIP Atlanta, GA 30328

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

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

TITLE VT ☐ Change ☒ Addition
NAME Harby, Linda S.
STREET ADDRESS 5995 Barfield Rd.
CITY-ST-ZIP Atlanta, GA 30328

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

TITLE PD ☒ 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 or 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

Date

Daytime Phone #

Sharron L. Barton
Sharron L. Barton

(464)-
256-4900