

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90197 039 \*\*\*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  
1155 Perimeter Ctr W

3. Mailing Address  
1155 Perimeter Ctr W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Atlanta GA

City & State  
Atlanta GA

Zip Country  
30328 Fulton

Zip Country  
30328 Fulton

04062006

Chg-P

CR2E034 (11/05)

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME Douglas N. Benham  
STREET ADDRESS 1155 Perimeter Center W  
CITY-ST-ZIP Atlanta GA 30328

TITLE T ☐ Change ☒ Addition  
NAME Todd Waymich  
STREET ADDRESS 1155 Perimeter Center W  
CITY-ST-ZIP Atlanta GA 30328

TITLE D ☐ Change ☒ Addition  
NAME Francis T. McCarron  
STREET ADDRESS 280 Park Ave.  
CITY-ST-ZIP New York, NY 10017

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1155 Perimeter Ctr W.  
CITY-ST-ZIP Atlanta, GA 30328

TITLE D ☐ Change ☐ Addition  
NAME Brian L. Scharr  
STREET ADDRESS 280 Park Ave.  
CITY-ST-ZIP New York, NY 10017

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4-13-06

678-514-  
9100