CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:20

DOCUMENT # J92582 (2)

1. Corporation Name

BETTER DRIVE-THRU SYSTEM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 60039 N/A<br>P. O. BOX 06039<br>FT. MYERS FL 33906<br>US | % RICHARD D. HILLIKER<br>P O BOX 60039 N/A<br>FT. MYERS FL 33906<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1987
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21: 2023 KATHERINE ST.
22: Suite, Apt. #, etc.
23: City & State: FT. Myers, FLA.
24: Zip: 33901
25: Country: Lee

2a. Mailing Address
26: 2023 KATHERINE ST.
27: Suite, Apt. #, etc.
28: City & State: FT. Myers, FLA.
29: Zip: 33901
30: Country: Lee

4. FEI Number: 65-0011159 ☐ 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

HILLIKER, RICHARD O.
5010 DOCKSIDE DRIVE #102
203 KATHERINE ST
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: Richard O. Hilliker
82 Street Address (P.O. Box Number is Not Acceptable): 2023 KATHERINE ST.
83:
84 City: Ft. Myers FL 85 Zip Code: 33901

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: Richard O. Hilliker, Richard O. Hilliker 3/24/95
(Signature of, and printed name of, registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HILLIKER, RICHARD O. | 12 NAME | |
| STREET ADDRESS | 2023 KATHERINE ST | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS FL | 14 CITY-ST-ZIP | |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Richard O. Hilliker, Richard O. Hilliker, 3/24/95, 813-337-7884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0333186 CP