

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J92582 (2)

1. Corporation Name  
BETTER DRIVE-THRU SYSTEM, INC.



Principal Place of Business

2023 KATHERINE ST.  
P. O. BOX 06039  
FT. MYERS FL 33901  
US

Mailing Address

2023 KATHERINE ST.  
P O BOX 60039 N/A  
FT. MYERS FL 33901  
US

3. Date Incorporated or Qualified 09/14/1987 3a. Date of Last Report 04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 1342 Colowine Blvd Suite, Apt. #, etc. 22 Suite F-47 23 City & State FT. Myers, FL. 24 33907 25 26 1342 Colowine Blvd Suite, Apt. #, etc. 27 Suite F-47 28 City & State FT. Myers FL. 29 33907 30 25 here 29 here

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

10. Name and Address of New Registered Agent

HILLIKER, RICHARD O.  
2023 KATHERINE ST.  
203 KATHERINE ST  
FT. MYERS FL 33901

81 Name Hilliker, Richard O  
82 Street Address (P.O. Box Number is Not Acceptable) 1342 Colowine Blvd  
83 Suite F-47  
84 City FT. Myers FL 85 Zip Code 33907

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, Pres. 4/17/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	2023 KATHERINE ST
STREET ADDRESS	FT. MYERS FL
CITY-ST-ZIP	
TITLE	NAME
NAME	2023 KATHERINE ST
STREET ADDRESS	FT. MYERS FL
CITY-ST-ZIP	
TITLE	NAME
NAME	2023 KATHERINE ST
STREET ADDRESS	FT. MYERS FL
CITY-ST-ZIP	
TITLE	NAME
NAME	2023 KATHERINE ST
STREET ADDRESS	FT. MYERS FL
CITY-ST-ZIP	
TITLE	NAME
NAME	2023 KATHERINE ST
STREET ADDRESS	FT. MYERS FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Hilliker, Richard O
1.2 NAME	1342 Colowine Blvd
1.3 STREET ADDRESS	Suite F-47
1.4 CITY-ST-ZIP	FT. Myers, FL. 33907
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE: Richard O. Hilliker 4/17/96 941-936-3001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)