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Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J92582 (2)

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



Principal Place of Business  
1342 COLONIAL BLVD  
SUITE F-47  
FT. MYERS FL 33907  
US

Mailing Address  
1342 COLONIAL BLVD  
SUITE F-47  
FT. MYERS FL 33907-1019  
US

3. Date Incorporated or Qualified  
09/14/1987

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business  
21 418 Bella Vista Way  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 60039  
Suite, Apt. #, etc.

4. FEI Number  
65-0011159

Applied For  
Not Applicable

22 City & State  
23 SANIBEL, FLA.

27 City & State  
28 FT. MYERS, FLA.

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

24 33957 25 US  
29 33906 30 US

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.  
1342 COLONIAL BLVD  
SUITE F-47  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name  
82 RICHARD O. Hilliker  
83 Street Address (P.O. Box Number is Not Acceptable)  
418 Bella Vista Way  
84 City  
SANIBEL FL 85 Zip Code  
33957

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, President* 3/29/97  
Signature, typed or printed name of registered agent and filer, applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HILLIKER, RICHARD O.	1342 COLONIAL BLVD, SUITE F-47	FT. MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
D	Hilliker, Richard O	418 Bella Vista Way	SANIBEL, FLA. 33957	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: *Richard O. Hilliker, President* 3/29/97, 941-395-9020  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dealing Phone #

CR2E034 (9/96)