

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

6 MAY 1 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # K18053

(4)

1. Corporation Name
TRIARC, INC.

Principal Place of Business

ATTN: MERCY JIMENEZ
P O BOX 0271
TAMPA FL 33601-0271
US

Mailing Address

ATTN: MERCY JIMENEZ
P O BOX 0271
TAMPA FL 33601-0271
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/11/1988	3a. Date of Last Report 06/06/1994
4. FEI Number 59-2883086	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 authority for management has received a letter from Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2b. Mailing Address 26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

PUNNETT, SPENCER M. II
% CARLTON, FIELDS, WARD, EMMANUEL SMITH
ONE HARBOUR PLACE
TAMPA FL 33601

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0907 and 607.1504, 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 607.1504, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME PT JIMENEZ, MERCY	STREET ADDRESS 3301 BAYSHORE BLVD #1209	NAME	STREET ADDRESS
CITY, ST, ZIP TAMPA FL		CITY, ST, ZIP	
NAME VS PUNNETT, SPENCER M.	STREET ADDRESS ONE HARBOUR PLACE	NAME	STREET ADDRESS
CITY, ST, ZIP TAMPA FL		CITY, ST, ZIP	
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02(3)(b), Florida Statutes. I further certify that the information included in 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. I am an officer or director of this corporation or the registered agent or registered agent in charge of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a of this report or on an alternate form with an address.

SIGNATURE:

4/30/95

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