Principal Place of Business Mailing Address % JEROME B. RUENHECK % JEROME B. RUENHECK 1944 E. EDGEWOOD DR. 1944 E. EDGEWOOD DR.	2002 UNIFO DOCUMENT # 1. Entity Name BRANDON FAST FOO	L30819		FILED Apr 15, 2002 8:00 am Secretary of State						
Sule, Ap.L # ctc Sule, ApL # ctc Do NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Sp2389424 Applied For Write Applied For Sp2389424 Applied For Write Applied For Sp2389424 Applied For Write Applied For Sp2389424 Applied For Write Applied For Sp2389424 Match Pill Sp2389424 Applied For Write Applied For Sp2389424 Applied For Write Applied For Sp2389424 Sp2389424 Match Pill Sp2389424 Sp2389424 Match Pill Sp2389424	BRANDON FAST FOOD SERVICES, I Principal Place of Business % JEROME B. RUENHECK 1944 E. EDGEWOOD DR. LAKELAND FL 33803		Mailing Address % JEROME B. RUENHECK 1944 E. EDGEWOOD DR. LAKELAND FL 33803							
Sign			-		DO NOT WRITE IN THIS SPACE					
	City & State	-	City & State	·	4. 1	El Number 59-2989424			le	
RUENHECK, JEROME B. 1944 E. EDGEWOOD DR. LAKELAND FL 33803 Street Address (F 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 affice or registered agent, or both, in the State of Florida. Street Address (F O. Box Number is Not Acceptable) SIGN_TIPE City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. DATE SIGN_TIPE Optimum state inspaced agent of the florida OPTIE Property Agent dynamic agent of the florida. SIGN_TIPE Optimum state of registered agent, or both, in the State of Florida. DATE Signature dynamic agent of the florida is adgent of the florida is adgent agent of the florida is adgent agent of the florida is adgent agent of the florida. DATE Signature dynamic agent of the florida is adgent agent of the florida. Inter Models is 0 or florida. Inter Models is 0 or florida. DATE 11. OriFICERS AND DIFECTORS Inter Models is 0 or florida. Inter Models is 0 or florida. Addition Mate BROWELLAD CH. Inter Models is 0 or florida. Change in Addition Addition Mate Browell agent of the florida is addithe florida is addithe florida is addithe florida is addition. <td>Zip Co</td> <td>puntry</td> <td>Zip</td> <td>Country</td> <td>5. (</td> <td>Certificate of Status Desired</td> <td></td> <td></td> <td></td>	Zip Co	puntry	Zip	Country	5. (Certificate of Status Desired				
1944 E. EDGEWOOD DR. LAKELAND FL 33863 City FL Zip Code 6. 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. 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. DATE DATE 9. This corporation is eligible to satisfy its intengible FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$500.00 After May					7. 1	Name and Address of New Regist	ered Agent			
City FL Zip Code 3. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Forda.	RUENHECK, JEROME B.			Street Addre						
SIGNTUPE For the control of any of an	LAKELAND FL 33803			City			FL Zip	Code	-	
Imme P Imme Imme <t< th=""><th>Tax filing requirement and e (See criteria on back)</th><th>lects to do so.</th><th>After May 1, 2 Make Check Paya</th><th>002 Fee will be \$550.0 ble to Department of</th><th>State</th><th>Trust Fund Contribution.</th><th></th><th>dded to Fees</th><th></th></t<>	Tax filing requirement and e (See criteria on back)	lects to do so.	After May 1, 2 Make Check Paya	002 Fee will be \$550.0 ble to Department of	State	Trust Fund Contribution.		dded to Fees		
ITTLE S IDelete ITTLE IDelete ITTLE IDelete IDELET ADDRESS INAME RUENHECK, JEROME B. 1944 E EDGEWOOD DR IDELET ADDRESS STREET ADDRESS IDELET ADDRESS ITTLE AS IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS ITTLE AS IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS ITTLE AS IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS ITTLE AS IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS ITTLE IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS ITTLE IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS ITTLE IDELET ADDRESS ITTLE IDELET ADDRESS IDELET ADDRESS IDELET ADDRESS ITTLE IDELET IDELET IDELET ADDRESS ITTLE IDELET ADDRESS ITTL	TITLE P SHIMP, WILLIA STREET ADDRESS 1944 E EDGEW	P Delete SHIMP, WILLIAM L. ESS 1944 E EDGEWOOD DR		NAME STREET ADDRESS		, <u> </u>	📋 Cha	inge 🗌 Addition	'n	
NAME BIRDWELL, CYNTHIA A 1944 E EDGEWOOD DR CITY-ST-ZIP IAKELAND FL TITLE C NAME STREET ADDRESS CITY-ST-ZIP INAME RUENHECK, WILBERT H. 1944 E. EDGEWOOD DRIVE CITY-ST-ZIP LAKELAND FL STREET ADDRESS CITY-ST-ZIP CITY-S	NAME STREET ADDRESS 1944 E EDGEW	S Delete RUENHECK, JEROME B. 1944 E EDGEWOOD DR					Cha	inge 🔲 Addition	'n	
Aume RUENHECK, WILBERT H. NAME STREET ADDRESS 1944 E. EDGEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP ITILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	IAME BIRDWELL, CY STREET ADDRESS 1944 E EDGEW			NAME STREET ADDRESS		<u></u>	- <u>.</u> .Ch	inge (=) Addijio	n≃ 	
VAME NAME STREET ADDRESS // CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete TITLE Delete STREET ADDRESS CITY-ST-ZIP ITTLE Delete STREET ADDRESS CITY-ST-ZIP ITTLE Delete STREET ADDRESS CITY-ST-ZIP ITTLE ITTLE Iter address STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Iter address STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	NAME RUENHECK, W STREET ADDRESS 1944 E. EDGEV	RUENHECK, WILBERT H. 1944 E. EDGEWOOD DRIVE				ζ	☐ Cha	inge 🗌 Addition		
NAME : ** NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS	S					📑 Cha	ange 🗌 Addition	"n 	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oan; that if an an once of offector of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an endresy, with all other like empowered.	NAME STREET ADDRESS CITY - ST- ZIP	; À*		NAME STREET ADDRESS CITY-ST-ZIP				· -	ID .	
	 I hereby certify that the info indicated on this report or s of the corporation or the re- changed, or on an attachm 	unation supplied with the upplemental report is to a provide the upplemental report is to a provide the upper uppe	his filing does not qualify f rus and accurate and that lered to execute this repo	or the exemption stated in my signature shall have rt as required by Chapter	n Section the same 607, Flori	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; ida Statutes: and that my name and	er certify that that I am an o ears.in Block	the information fficer or director 11 or Block 12 if	f	

- -

.