FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L50698** **(4)**

1. Corporation Name
HEIRESS FRANCHISING CORPORATION, INC.

Principal Place of Business	Mailing Address
~~111 2ND AVE NE 15TH FLOOR~~ ~~BOX 31005~~ ~~ST. PETERSBURG FL 33701-0005~~	~~111 2ND AVE NE 15TH FLOOR~~ ~~BOX 31005~~ ~~ST. PETERSBURG FL 33731-0005~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/08/1990
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21: 9887 Fourth Street No.
22: Suite, Apt. #, etc.
23: City & State: St.Petersburg, FL
24: Zip: 33702 25: County: Pinellas

2a. Mailing Address
26: P.O. Box 42008
27: Suite, Apt. #, etc.
28: City & State: St.Petersburg, FL
29: Zip: 33742-4008 30: County: Pinellas

4. FEI Number: 59-3000778 ☐ 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

~~REEVES, ROBERT H~~
~~111 2ND AVE NE 15 FLOOR~~
~~ST PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9887 Fourth Street No.
83: P.O. Box 42008
84 City: St.Petersburg FL 85 Zip Code: 33742-4008

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	BLOCK, ROGER E.	1.2 NAME	
STREET ADDRESS	~~111 2ND AVE NE 15 FLOOR~~	1.3 STREET ADDRESS	9887 Fourth St.No., Box 42008
CITY-ST-ZIP	~~ST PETERSBURG FL~~	1.4 CITY-ST-ZIP	St.Petersburg, FL 33742-4008
TITLE	SV	2.1 TITLE	☐ Change ☐ Addition
NAME	REEVES, ROBERT H.	2.2 NAME	
STREET ADDRESS	~~111 2ND AVE NE 15 FLOOR~~	2.3 STREET ADDRESS	9887 Fourth St.No., Box 42008
CITY-ST-ZIP	~~ST PETERSBURG FL~~	2.4 CITY-ST-ZIP	St.Petersburg, FL 33742-4008
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	SHARPE, JOAN F.	3.2 NAME	
STREET ADDRESS	~~111 2ND AVE NE, 15TH FLOOR~~	3.3 STREET ADDRESS	9887 Fourth St.No., Box 42008
CITY-ST-ZIP	~~ST PETERSBURG FL~~	3.4 CITY-ST-ZIP	St.Petersburg, FL 33742-4008
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ 4/20/95 813/576-8241
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

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