

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L50698** (4)

1. Corporation Name

HEIRESS FRANCHISING CORPORATION, INC.



Principal Place of Business

**9887 FOURTH STREET NO.
ST. PETERSBURG FL 33702
US**

Mailing Address

**P.O. BOX 42008
ST. PETERSBURG FL 33742-008
US**

3. Date Incorporated or Qualified
02/08/1990

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

**REEVES, ROBERT H
9887 FOURTH STREET NO.
P.O. BOX 42008
ST PETERSBURG FL 33742-4008**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent of a state, foreign or federal

Date of Registered Agent's signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLOCK, ROGER E.	
STREET ADDRESS	9887 FOURTH ST.NO., BOX 42008	
CITY- ST- ZIP	ST PETERSBURG FL 08	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	REEVES, ROBERT H.	
STREET ADDRESS	9887 FOURTH ST.NO., BOX 42008	
CITY- ST- ZIP	ST PETERSBURG FL 08	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SHARPE, JOAN F.	
STREET ADDRESS	9887 FOURTH ST.NO., BOX 42008	
CITY- ST- ZIP	ST PETERSBURG FL 08	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H. Reeves, V.P.

05/07/96

813/576-8241

CR2E034 (12/95)