
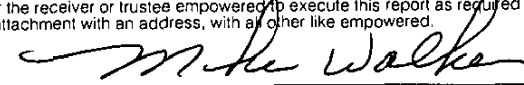


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90039 009 ****61.25

DOCUMENT # N34070 1. Entity Name FRANCHISEE COOPERATIVE ASSOCIATION, INC.					
Principal Place of Business 5581 COMMONWELTH AVE. JACKSONVILLE, FL 32254			Mailing Address 5581 COMMONWELTH AVE. JACKSONVILLE, FL 32254		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2971153	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE ONE INDEPENDENT DR JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECRETARY <input type="checkbox"/> Delete ULMER, MICKEY 642 E ST. RD 200 FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRAD FINK 404 CORDER RD SUITE 300 WARNER ROBINS, GA 31088	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLER, JOHN 109 SUNSET POINT PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAC FORD 2812 BROADWAY AVE KNOXVILLE, TN 37915	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRET CHAIRMAN <input type="checkbox"/> Delete TUBEL, ED 7421 CARMEL EXECUTIVE PARK #250 CHARLOTTE, NC 28226		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARK STANTON P.O. BOX 459 PALATKA, FL 32178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAI <input type="checkbox"/> Delete GARDNER, CURTIS 2103 SHORTER AVENUE ROME, GA 30165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WESLEY DIXON 2605 S.W. 33RD ST #200 OCALA, FL 34774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCNAB, JIM PO BOX 1230 FLAGLER BEACH, FL 32136		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEN. MGR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MIKE WALKER 4024 S.W. 100th ST GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DALE COYNE 5980 WINKLER RD. FT. MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.					
SIGNATURE: 			7/15/05 (904) 781-9101		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

20064692



06302005 Chg-NP CR2E037 (10/03)

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