FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB -6 PM 12:13

DOCUMENT # N40193 (7)

1. Corporation Name
FLORIDA FRANCHISE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% RUDNICK & WOLFE 101 E. KENNEDY BLVD., SUITE 2000 TAMPA FL 33602-5133	% RUDNICK & WOLFE 101 E. KENNEDY BLVD., SUITE 2000 TAMPA FL 33602-5133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1990
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-3032090 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEYER, DAVID A.
% RUDNICK A. WOLFE
101 E. KENNEDY BLVD., SUITE 2000
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 _____ 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	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	BEYER, DAVID A.	1.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, KENNETH A.	2.2 NAME	
STREET ADDRESS	6860 GULFPORT BLVD. S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, KENNETH J.	3.2 NAME	
STREET ADDRESS	3835 SHAMROCK WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MULLINS, MARK	4.2 NAME	
STREET ADDRESS	9000 CYPRESS GREEN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	~~HELLRIEGEL, JOHN E.~~	5.2 NAME	Parlyn, Donald
STREET ADDRESS	600 CLEVELAND ST., 10TH FLOOR	5.3 STREET ADDRESS	6300 N.W. 31st Avenue
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ELMER, DIANE	6.2 NAME	
STREET ADDRESS	8605 LARGO LAKES DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A Beyer 1-27-95 813-229-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David A. Beyer, Director

0013076

SUPPLEMENT TO 1995 CORPORATION ANNUAL REPORT

Corporation Name: **FLORIDA FRANCHISE ASSOCIATION, INC.**

Document #: **N40193 (7)**

12. **OFFICERS AND DIRECTORS (continued):**

7.1	Title	D
7.2	Name	Shelledy, Karen
7.3	Street Address	1000 Corporate Drive
7.4	City-St-Zip	Ft. Lauderdale, FL 33334