


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005824</b>		
1. Entity Name TRAVEL CENTERS OF AMERICA FRANCHISEE ASSOCIATION, INC.		
Principal Place of Business 1650 C.R. 210 WEST JACKSONVILLE, FL 32259	Mailing Address 1650 C.R. 210 WEST JACKSONVILLE, FL 32259	



01052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3552020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  JOHNSON, RICHARD E 200 WEST FORSYTH STREET SUITE 1330 JACKSONVILLE, FL 32202
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000085843  
03/11/04-80064-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MORRIS, G. ROBERT 1650 CR 210 W JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDLOCK, JIMMY 8909 CORN ST VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIED, PAUL 118 CAMILLA CIR BELLVILLE, TX 77418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

SIGNATURE: G. Robert Morris, ATD 3/9/04 904 596 0979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone