

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N08000005824

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



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3552020

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, RICHARD E  
200 WEST FORSYTH STREET  
SUITE 1330  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

**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)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Robert MORRIS

3/22/2005

Date

(904) 596-0929

Daytime Phone # 8X.12