

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90089 025 ***150.00

DOCUMENT # P32812

1. Corporation Name

RALLY'S HAMBURGERS, INC.

Principal Place of Business

600 CLEVELAND ST 8TH FLOOR
CLEARWATER FL 33755

Mailing Address

P.O. BOX 18801
CLEARWATER FL 33762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1991

4. FEI Number

62-1210077

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 14255 49th Street N.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Building 1

27 City & State

23 Clearwater, FL

28

24 33762 25 USA

29 33762-1801 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILLESPIE, JAMES J	
STREET ADDRESS	600 CLEVELAND ST 8TH FLOOR	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	HOLDER, JAMES T	
STREET ADDRESS	600 CLEVELAND ST 8TH FLOOR	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BEAK, WENDY	
STREET ADDRESS	600 CLEVELAND ST 8TH FLOOR	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, JOSEPH N	
STREET ADDRESS	600 CLEVELAND ST 8TH FLOOR	
CITY-ST-ZIP	CLEARWATER FL 33755	
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	P/D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James J. Gillespie	
1.3 STREET ADDRESS	14255 49th St. N., Bld. 1	
1.4 CITY-ST-ZIP	Clearwater, FL 33762	
2.1 TITLE	SVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James T. Holder	
2.3 STREET ADDRESS	14255 49th St. N., Bld. 1	
2.4 CITY-ST-ZIP	Clearwater, FL 33762	
3.1 TITLE	T/V-P-Finance	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wendy A. Bear	
3.3 STREET ADDRESS	14255 49th St. N., Bld. 1	
3.4 CITY-ST-ZIP	Clearwater, FL 33762	
4.1 TITLE	SUP/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard Peabody	
4.3 STREET ADDRESS	14255 49th St. N., Bld. 1	
4.4 CITY-ST-ZIP	Clearwater, FL 33762	
5.1 TITLE	EVP/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Harvey Fattig	
5.3 STREET ADDRESS	14255 49th St. N., Bld. 1	
5.4 CITY-ST-ZIP	Clearwater, FL 33762	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (11/98)