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
99 JUL 13 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35777
Corporation Name
VAL-PAK FRANCHISE OPERATIONS, INC.

Principal Place of Business	Mailing Address
LARGO LAKES DR FL 34543	1400 LAKE HEARN DRIVE ATLANTA GA 30319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/04/1991

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

4. FEI Number: 58-1960220 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

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	
	CD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MUSSELMAN, ROBERT H., JR	1.2 NAME	
STREET ADDRESS	8605 LARGO LAKES DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DISBROW, WILLIAM B.	2.2 NAME	
STREET ADDRESS	8605 LARGO LAKES DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOURDOW, WILLIAM B.	3.2 NAME	
STREET ADDRESS	8605 LARGO LAKES DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34543	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MERDEK, ANDREW A	4.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARNETT, PRESTON B	5.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR	5.3 STREET ADDRESS	TS
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, CHARLES BUDDY	6.2 NAME	
STREET ADDRESS	1400 LAKE HEARN DR	6.3 STREET ADDRESS	04/20/99 90114 633 150.00
CITY-ST-ZIP	ATLANTA GA	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: Preston B. Barnett — Preston B. Barnett, Vice President - Tax — 2/15/99 — 404-843-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)
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