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00114

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90022 008 \*\*\*150.00

DOCUMENT # P35986

1. Corporation Name

CFC FRANCHISING COMPANY

Principal Place of Business

203 EAST MAIN STREET  
SPARTANBURG SC 29319  
US

Mailing Address

203 EAST MAIN ST  
P-11-1  
SPARTANBURG SC 29319  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1991

4. FEI Number

33-0420186

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 P ☐ DELETE

NAME BUSKEY, CRAIG S  
STREET ADDRESS 3355 MICHELSON DR., SUITE 350  
CITY-ST-ZIP IRVINE CA 92612

TITLE VPAS ☒ DELETE

NAME PARISH, RHONDA  
STREET ADDRESS 203 E MIAN ST  
CITY-ST-ZIP SPARTANBURG SC 29319

TITLE EVSD ☐ DELETE

NAME PARISH, RHONDA J  
STREET ADDRESS 209 EAST MAIN ST  
CITY-ST-ZIP SPARTANBURG SC 29319

TITLE VP ☒ DELETE

NAME COSTON, WILLIAM  
STREET ADDRESS 3355 MICHELSON DR., SUITE 350  
CITY-ST-ZIP IRVINE CA 92612

TITLE VPT ☐ DELETE

NAME HUTCHISON, RONALD  
STREET ADDRESS 203 E MAIN ST  
CITY-ST-ZIP SPARTANBURG SC 29319

TITLE VP ☐ DELETE

NAME LIBHART, BETH L  
STREET ADDRESS 3355 MICHELSON DR., SUITE 350  
CITY-ST-ZIP IRVINE CA 92612

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Craig S. Buskey  
1.3 STREET ADDRESS 3355 Michelson Dr. Ste. 350  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Ross B. Neil  
2.3 STREET ADDRESS 203 E. main St.  
2.4 CITY-ST-ZIP Spartanburg, SC 29319

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME David O. DeWay  
3.3 STREET ADDRESS 3355 Michelson Dr., Suite 350  
3.4 CITY-ST-ZIP Irvine, CA 92612

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Kenneth E. Jones  
4.3 STREET ADDRESS 203 E. main St.  
4.4 CITY-ST-ZIP Spartanburg, SC 29319

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME David O. DeWay  
5.3 STREET ADDRESS 3355 Michelson Dr., Suite 350  
5.4 CITY-ST-ZIP Irvine, CA 92612

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME Kenneth E. Jones  
6.3 STREET ADDRESS 203 E. main St.  
6.4 CITY-ST-ZIP Spartanburg, SC 29319

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

Jeffrey M. Rhines, Asst. Sec.

Date

Daytime Phone #

1/8/99

864/597-8000

CR2E034 (11/98)