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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1997 97 APR 30 PM 1:44 POCUMENT # P94000028118 (5) SECRETARY OF STATE NATIONAL FRANCHISE DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 220 JOHN KNOX ROAD, STE. 4 220 JOHN KNOX ROAD, STE. 4 Tallahassee FL 32303 TALLAHASSEE FL 32303-6631 3. Date Incorporated or Qualified 3a. Date of Last Report 04/13/1994 07/19/1996 2a. Mailing Address 2. Principal Place of Business FFI Number Applied For 59-3244033 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution \Box 23 28 Added to Fees Zip Country Country 8. This corporation has liability for in angible tax under s. 199.032, 🎮 Yes [] No 24 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ERWIN, J. PERRY HI Name 220 JOHN KNOX ROAD, STE. 4 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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 Fforida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fforida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registance Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DST ☐ Change TITLE DELETE 117016 Addition HUNTER, RICK D 1.2 NAME NAME 220 JOHN KNOX ROAD, STE. 4 STREET ADDRESS 13 STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP 14 CITY-ST-ZIP 900002164269 TAM DELETE TITLE 2.1 JULE ERWIN, J. PERRY III 2.2 NAM(05/02/97--01123--022 220 JOHN KNOX ROAD, STE. 4 STREET ADDRESS 2.3 STREET ADORESS ****165.00 ****165.00 TALLAHASSEE FL 32303 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETIE 3.1 TITLE Change Addition TITLE NAME 3.2 NAMI STREET ADDRES 3.3 STREET ADDRESS CITY-ST-ZIF 3 4. CHY-\$1-ZIP DELFTE ___ Change Addition TITLE 4.1 THTLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 511000 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-7/P DELETE Addition TITLE 6.1 Jille NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-SI-7IP 14. I do 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 eath; that I am an officer or director of the corrol step or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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ied, or on an attach vent with an address.

appears in Block 12 or Block 13