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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028118 (5)

NATIONAL FRANCHISE DEVELOPMENT GROUP, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
l '		-	OHN KNOX ROAD, STE. 4				
TALLAHASSEE FL 32303		TALLAHASSEE FL 32303					
						DO NOT WRITE IN THIS SPACE	
1					3. Date Incorporated or Qualified		
2. Principal P	lace of Business	2a. Mailing Address			04/13/1994 4. FEI Number	Applied For	
21		26			59-3244033	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CO 7E Additional		
22		27			I b Certificate of Status Desired I I 7	Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23	28					Added to Fees	
Zip	Country	Zip	├	intry	8. This corporation owes or has paid the current y	_ ~ _	
24	25]	29	30		Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent		
ERWIN, J. PERRY III				oi ivanie		j	
220 JOHN KNOX ROAD, STE. 4				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32303			ļ				
				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 registere							
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.							
1							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 12	
TITLE	DST	☐ DELETE	1.1 10	TLE		Change	
NAME	HUNTER, RICK D		1.2 NA	ME		ļ	
			1.3 \$1	REE1 ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303			TY-ST-ZIP			
TITLE	DP	☐ DELETE	2.1 TI	l l	<u> </u>	Change [] Addition	
NAME			2.2 NA	i			
STREET ADDRESS 220 JOHN KNOX ROAD, STE. 4 CITY-ST-ZIP TALLAHASSEE FL 32303		:. 4	2.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAMASSEE PL 32303	DELETE		ITY-ST-ZIP		Change Addition	
TITLE NAME			3.1 TT 3.2 NA		_ ·	menge L Addition	
STREET ADDRESS				REET ADDRESS			
				HEET AUUHESS			
CITY-ST-ZIP .	. = .	DELETE	3.4. U		Пс	Change Addition	
NAME			4.2 N		L.		
STREET ADDRESS				REET ADDRESS	A		
CITY-ST-ZIP				TY-ST-ZIP		.	
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NAME		T .	5.2 NA	1	M_{-}	///	
STREET ADDRESS			5.3 ST	REET AODRESS		///_	
CITY+ST-ZIP			1	TY-ST-ZIP	#U //	10	
TITLE		DELETE	6.1 TI		8000024909 f 3	hange	
NAME			6.2 NA	ME	-04/16/9801080020	•	
STREET ADDRESS			6.3 ST	REET ADDRESS	***150.00		
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP	and the second of the second o		

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 of the exemption of the exemption 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 of the exemption and that my name appears in Block 12 or Block 13 if changed, or no an attachment with an address.

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