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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000059850

1. Corporation Name

BUMDLE ERANCHISE DEVELOPMENT COMPANY INC.

DLIMITIE	FUNIVOUISE DEVELORIME								
Principal Place	e of Business	Mailing Address			_	I INNITERI EIN INIUI AIREI NEELI NE	lift Dûrst Basa)	#117# 1 <b>#18</b> 1 1 <b>8</b> 11	DI GILLI ABIL (BBI
717 DEWBERRY ROAD		717 DEWBERRY DR							
JACKSONVILLE FL 32259		JACKSONVILLE FL 32259			DO NOT WON	TE IN TURE	SDACE		
U\$		US	US		}	DO NOT WRITE IN THIS SPACE			
					ļ	3. Date Incorporated or Qualifed 07/31/1995			ļ
0 D	Land of Distinguis	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·		4. FEI Number			oplied For
	lace of Business	— ĭ				59-3329459		<del> </del>	lot Applicable
21 Suite Ant	# etc	Suite, Apt. #, etc.							Additional
Suite, Apt. #, etc.			27			5. Certificate of Status Desired Fee Required			
City & State		City & State		<del></del>		6. Election Campaign Financing		\$5.00	May Be,
23		28		. =		Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	/		8. This corporation owes the curr	ent year int		
24	25	29 3	30			Personal Property Tax.		▼ Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New F	Registered	Agent	
I/DAI	LICE DAVID		81	Name	•				
Krause, David 717 Dewberry Drive			82	Street	Addres	s (P.O. Box Number is Not Accepta	able)		
	NEWBERRY DRIVE KSONVILLE FL 32259								
JAU	VOOIAAITTE LF 2559A		83	'[					
1			84	City			FL	85 Zip	Code
			- 1					•	
11 Durousot	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	s the abov	/e-named	1 corpora	ation submits this statement for the	purpose of	changing it	s registered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	thorized by	the cond	d corporation	ation submits this statement for the 's board of directors. I hereby acce	purpose of pt the appoi	changing ii ntment as r	s registered egistered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut gations of, Section 607.0505, Florid	thorized by da Statute:	the corp s.	ooration	ation submits this statement for the 's board of directors. I hereby acce	purpose of pt the appoi	changing it ntment as r	s registered egistered
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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 of supplemental annual reports 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 recover or frustee 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 attaction with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #