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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. North
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025977 (5)

1. Corporation Name

FRANCISE & VIALON DEVELOPMENT, INC.

Principal Place of Business

802 WEST DR. MARTIN LUTHER KING JR. BOULEV
PLANT CITY FL 33566

Mailing Address

802 WEST DR. MARTIN LUTHER KING JR. BOULEV
PLANT CITY FL 33566

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

FRANCISE, NAHEEM M
C.O MR. JOSEPH E. SEDITA
802 W. DR. MARTIN LUTHER KING BOULEVARD
PLANT CITY FL 33566

3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

4. FEI Number

59-3381063

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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 *Naheem M. Franchise*
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 ☐ DELETE

NAME
FRANCISE, NAHEEM M
STREET ADDRESS
707 SEAGATE DRIVE
CITY-ST-ZIP
TAMPA FL 33602

TITLE ☐ DELETE

NAME
VIALON, JONATHAN J
STREET ADDRESS
32910 ADAMS DRIVE
CITY-ST-ZIP
WHITE CASTLE LA 70788

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

SIGNATURE: *Naheem M. Franchise*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2-24-97 DAYTIME PHONE: 813-229-6677

CR2E034 (9/96)