PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000057737

1. Corporation Name

VIRGINIA CHILI CHEEZE DAWG EXPRESS INC.

May 12, 1999 8:00 am Secretary of State

05-12-1999 90001 026 ***150.00



| Principal Place | e of Business | Mailing Address | | | | | |
|---|---|--|------------------|---------------------------------|--|--------------|----------------|
| 160 HERITAGE WAY WEST PALM BEACH FL 33407 | | 160 HERITAGE WAY WEST PALM BEACH FL 33407 | | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | 10 01 AGE_ | |
| | | | | | 06/26/1998 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4 EEI Number | 1,1 | Applied For |
| 21 | 200 01 20011000 | 26 | | | 223-39-9918 | - | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.7 | 5 Additional | |
| 22 | | 27 | | 5. Certifcate of Status Desired | Fee | Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.0 | 00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | Add | ed to Fees | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year I | | _ |
| 24 | 25 | 29 30 | o\ | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current I | Registered Agent | | 1 11 1 | 10. Name and Address of New Registere | d Agent | |
| | DOC MANDE MAN LADO ID | | 81 | Name | | | |
| | IROE, WAYNE WILLARD JR. | | | Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| | HERITAGE WAY | | | | | | |
| WES | T PALM BEACH FL 33407 | | 83 | | | | |
| | | | 84 | City | F | 85 Z | ip Code |
| | | | | l . | | | ite registered |
| office or n | to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Such change was auth | iorized by | the corpor | orporation submits this statement for the purpose ration's board of directors. I hereby accept the app | ointment as | registered |
| SIGNATURE | | | | | DATE | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re | | | · · · · · · | nt signature re- | quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS / | AND DIREC | TORS IN 12 |
| 12. | OFFICERS AND | DELETE | 13. 1.1 TITLE | 1 | ADDITIONS/CHANGES TO OTT ICENS | Chan | |
| TITLE | President, | C) DELETE | 1.2 NAME | | | | ` |
| NAME | Wayne Monroe | | | TADDRESS | | | |
| STREET ADDRESS | 160 Heritage Way | | 1.4 CITY-S | | | | ļ |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 2.1 TITLE | 11-211 | | ☐ Chan | ge Addition |
| | Vice-President, | <u></u> | 2.2 NAME | | | | i |
| NAME | Gregory Wood | | | T ADDRESS | | | |
| STREET ADDRESS | 154 Heritage Way | | 2.4 CITY- | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE | 31-21 | | Chan | ge Addition |
| TITLE | | | 3.2 NAME | | | | |
| NAME STREET ADDRESS | | | | T ADDRESS | | | - |
| | | | 3.4. CITY- | ļ. | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITLE | - | | ☐ Chan | ge Addition |
| NAME | | | 4, 2 NAME | | | | |
| STREET ADDRESS | | | • | T ADDRESS | | | Ì |
| | | | 4.4 CITY-S | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Chan | ge |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | TADORESS | | | |
| | | | 5.4 CITY-5 | T-ZIP | | | |
| CITY-ST-ZIP TITLE | | DELETE | 6.1 TITLE | | | ☐ Char | ge Addition |
| NAME | | - | 6.2 NAME | | | | |
| | | | | TADDRESS | | | |
| STREET ADDRESS | | | 64 CITY-9 | | | | |

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR