

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 30 1996 8:00 am
Secretary of State

DOCUMENT # S05652 (0)

1. Corporation Name

FRANCHISE DEVELOPERS OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

820 MCCOLLUM CIR.
NEPTUNE BEACH FL 32266

820 MCCOLLUM CIR.
NEPTUNE BEACH FL 32266

2. Principal Place of Business

2a. Mailing Address

21 11290-3 St. Johns Ins. Pkwy
Suite, Apt. #, etc.

26 11290-3 St. Johns Ins. Pkwy
Suite, Apt. #, etc.

22 City & State
Jacksonville, FL

27 City & State
Jacksonville, FL

23 Zip
32246

24 Country
DUAL

28 Zip
32246

29 Country
DUAL

3. Date Incorporated or Qualified
09/27/1990

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3028006

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLBROOK, THOMAS E.
820 MCCOLLUM CIRCLE
NEPTUNE BEACH FL 32266

81 Name

Holbrook, Thomas E.

82 Street Address (P.O. Box Number is Not Acceptable)

11290-3 St. Johns Insured Pkwy.

83

84 City

Jacksonville.

FL

85 Zip Code
32246

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

Thomas E. Holbrook
Signature of person or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

1/23/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME HOLBROOK, THOMAS
STREET ADDRESS 820 MCCOLLUM CIRCLE
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE VP/S ☐ DELETE

NAME HOLBROOK, KIM
STREET ADDRESS 820 MCCOLLUM CIRCLE
CITY-ST-ZIP NEPTUNE BEACH FL 32266

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

Holbrook, Thomas
11290-3 St. Johns Insured Pkwy
Jacksonville, FL 32246

☐ Change ☐ Addition

VP/S
Holbrook, Kim
11290-3 St. Johns Insured Pkwy
Jacksonville, FL 32246

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Holbrook

1/23/96

904-642-9984

Daytime Phone #

CR2E034 (12/95)