

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90006 029 ***150.00

DOCUMENT # S05652

1. Corporation Name

FRANCHISE DEVELOPERS OF JACKSONVILLE, INC.

Principal Place of Business

11290-3 ST. JOHNS IND. PARKWAY
JACKSONVILLE FL 32246
US

Mailing Address

11290-3 ST. JOHNS INC. PARKWAY
JACKSONVILLE FL 32246
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1990

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOLBROOK, THOMAS E.
11290-3 ST. JOHNS INDUSTRIAL PKY.
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

Holbrook, Thomas E.

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

13449 TROON TRACE LN

83

84 City

Jacksonville

FL

85 Zip Code

32225

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

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

P
NAME HOLBROOK, THOMAS
STREET ADDRESS 11290-3 ST JOHNS INDUSTRIAL PKWY
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

VP/S
NAME HOLBROOK, KIM
STREET ADDRESS 11290-3 ST JOHNS INDUSTRIAL PKWY
CITY-ST-ZIP JACKSONVILLE FL

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

Holbrook, Thomas

1.2 NAME 13449 Troon Trace Ln.

1.3 STREET ADDRESS Jacksonville, FL 32225

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

Holbrook, Kim

2.2 NAME 13449 Troon Trace Ln.

2.3 STREET ADDRESS Jacksonville, FL 32225

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)