

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:16

DOCUMENT # 218694 (8)

1. Corporation Name
JIMMY HALL'S STEAK HOUSE, INC.

Principal Place of Business Mailing Address
311 SOUTH MISSOURI AVE CLEARWATER FL 34616 **311 SOUTH MISSOURI AVE CLEARWATER FL 34616**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		12/31/1958	01/28/1994
22		27		4. FEI Number	Applied For
City & State		City & State		59-0856259	Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip		Country		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24		25		6. Election Campaign Financing Trust Fund Contribution	
29		30		<input type="checkbox"/>	
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCFARLAND, DONALD O 311 SOUTH MISSOURI AVE CLEARWATER FL 34616				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, WILLIAM B.	1.2 NAME	
STREET ADDRESS	515 HENDRICKS	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MICHAEL L.	2.2 NAME	
STREET ADDRESS	515 HENDRICKS	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JR., JAMES D.	3.2 NAME	
STREET ADDRESS	515 HENDRICKS	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Hall 1-16-95 813-446-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR