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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:41

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # **P35791** (3)

1. Corporation Name
MRS. GILES COUNTRY KITCHENS, INC.

Principal Place of Business Mailing Address
3776 SOUTH HIGH STREET COLUMBUS OH 43207 **3776 SOUTH HIGH STREET COLUMBUS OH 43207**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/02/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		31-1325533		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City		B5 Zip Code	
		FL					

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 resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DANIEL E.	1.2 NAME	
STREET ADDRESS	3776 SOUTH HIGH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, LARRY C.	2.2 NAME	
STREET ADDRESS	3776 SOUTH HIGH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, G. ROBERT, II	3.2 NAME	
STREET ADDRESS	52 EAST GAY STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	3.4 CITY - ST - ZIP	
TITLE	CVPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADKOSKI, DONALD J.	4.2 NAME	
STREET ADDRESS	837 CHERRYBOTTOM RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAHANNA OH	4.4 CITY - ST - ZIP	
TITLE	EVD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, STEWART K.	5.2 NAME	
STREET ADDRESS	3776 SOUTH HIGH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHOLLAND, DAVID P.	6.2 NAME	
STREET ADDRESS	3776 SOUTH HIGH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: Donald J. Radkoski Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(614)491-2225
 Donald J. Radkoski, CFO, VP & Treasurer 5/24/95