

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

DOCUMENT # **P35791** (3)

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



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

3. Date Incorporated or Qualified: **10/02/1991**
3a. Date of Last Report: **05/31/1995**
4. FEI Number: **31-1325533**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 date, if applicable) (NOTE - Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CPC	<input type="checkbox"/> DELETE
NAME	EVANS, DANIEL E.	
STREET ADDRESS	3776 SOUTH HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CORBIN, LARRY C.	
STREET ADDRESS	3776 SOUTH HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LUCAS, G. ROBERT, II	
STREET ADDRESS	52 EAST GAY STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	CVPT	<input type="checkbox"/> DELETE
NAME	RADKOSKI, DONALD J.	
STREET ADDRESS	837 CHERRYBOTTOM RD.	
CITY-ST-ZIP	GAHANNA OH	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	OWENS, STEWART K.	
STREET ADDRESS	3776 SOUTH HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MCHOLLAND, DAVID P.	
STREET ADDRESS	3776 SOUTH HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 an address.

SIGNATURE: *David P. McHolland, VP* DATE: *4-30-96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (614) 491-2225
Day/Time Phone #

CR2E034 (12/95)