

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

FILED
May 08 1997 8:00am
Secretary of State



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 Mailing Address
3776 SOUTH HIGH STREET COLUMBUS OH 43207 **3776 SOUTH HIGH STREET COLUMBUS OH 43207-4012**

3. Date Incorporated or Qualified **10/02/1991** 3a. Date of Last Report **05/01/1996**
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPC <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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, trustee or person 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: *[Signature]* **DONALD K. RADKOSKI**
OFF. VP & TREAS. 4-28-97 (614) 491-2225

CR2E034 (9/96)