

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:02

TALLAHASSEE, FLORIDA

500001476735  
-05/05/95--01009--011

DO NOT WRITE IN THIS SPACE  
\*\*\*200.00 \*\*\*200.00

DOCUMENT # 820576 (7)

1. Corporation Name

DENNY'S, INC.

for profit

Principal Place of Business

200 E MAIN STREET  
P.O. BOX 3800  
SPARTANBURG SC 29304

Mailing Address

200 E MAIN STREET  
P.O. BOX 3800  
SPARTANBURG SC 29304

3. Date Incorporated or Qualified

07/12/1967

3a. Date of Last Report

04/29/1994

4. FEI Number

95-2023160

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | PD                   |
| NAME           | RICHARDSON, JEROME J |
| STREET ADDRESS | 203 E MAIN STREET    |
| CITY, ST, ZIP  | SPARTANBURG SC       |
| TITLE          | VPD                  |
| NAME           | MAW, SAMUEL H        |
| STREET ADDRESS | 203 E MAIN STREET    |
| CITY, ST, ZIP  | SPARTANBURG SC       |
| TITLE          | V                    |
| NAME           | BIGGS, A RAY         |
| STREET ADDRESS | 203 E MAIN STREET    |
| CITY, ST, ZIP  | SPARTANBURG SC       |
| TITLE          | VTAS                 |
| NAME           | DUREN, C B           |
| STREET ADDRESS | 203 E MAIN ST        |
| CITY, ST, ZIP  | SPARTANBURG SC       |
| TITLE          | V                    |
| NAME           | WYNN, ROBERT L       |
| STREET ADDRESS | 203 E MAIN STREET    |
| CITY, ST, ZIP  | SPARTANBURG SC       |
| TITLE          | V                    |
| NAME           | MITCHELL, WILLIAM    |
| STREET ADDRESS | 203 E MAIN STREET    |
| CITY, ST, ZIP  | SPARTANBURG SC       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | C. Ronald Petty                                                              |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | VS Rhonda J. Parish                                                          |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY, ST, ZIP  |                                                                              |
| 6.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | D. Stephen McManus                                                           |
| 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 110.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Burt Duren

4/18/95

803-517-8000