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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90045 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 825529

1. Corporation Name
LONG JOHN SILVER'S, INC.

Principal Place of Business

P.O. BOX 11988
LEXINGTON KY 40579
US

Mailing Address

P.O. BOX 11988
LEXINGTON KY 40579
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1970

4. FEI Number

61-0703028

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CT 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME TOWE, ROLF H.
STREET ADDRESS 63 ROCKWOOD LANE
CITY-ST-ZIP GREENWICH CT

TITLE PCEO
NAME CRANOR III, JOHN M.
STREET ADDRESS 300 W VINE STREET
CITY-ST-ZIP LEXINGTON KY

TITLE D
NAME EUGENE P. LYNCH
STREET ADDRESS 201 W. 72ND ST., ATPE 18A
CITY-ST-ZIP NEW YORK NY

TITLE VPS
NAME SHIVES, PAULA J.
STREET ADDRESS 1889 BLAIRMORE ROAD
CITY-ST-ZIP LEXINGTON KY

TITLE VPT
NAME JASKO, GREGORY
STREET ADDRESS 4840 PLEASANT GROVE ROAD
CITY-ST-ZIP LEXINGTON KY

TITLE D
NAME ~~CHOW, DAVID H.~~
STREET ADDRESS ~~64 EAST 34TH STREET~~
CITY-ST-ZIP ~~NEW YORK NY~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory M. Jasko

Date

1/9/99

Daytime Phone #

606-388-6000

CR2E034 (11/98)