

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

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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **826847** (6)

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

Principal Place of Business PO BOX 11988 LEXINGTON KY 40579 US	Mailing Address PO BOX 11988 LEXINGTON KY 40579-1988 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1971	3a. Date of Last Report 03/14/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 61-0410010	Applied For <input type="checkbox"/> Not Applicable
22 City & State Lexington		27 City & State Lexington		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 40579		28 Zip 40579		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country US		29 Country US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVPS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRES, PAULA J	1.2 NAME	Shives
STREET ADDRESS	1889 BLAIRMORE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWE, ROLF H.	2.2 NAME	
STREET ADDRESS	63 ROCKWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANOR, JOHN M. III	3.2 NAME	
STREET ADDRESS	300 W VINE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCFARLAND, PAUL F.	4.2 NAME	DIRECTOR Eugene F. Lynch
STREET ADDRESS	4858 WYNDHURST DR	4.3 STREET ADDRESS	201 W. 72nd St. Apt. 1814
CITY-ST-ZIP	LEXINGTON KY	4.4 CITY-ST-ZIP	New York, NY 10023
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, TED R.	5.2 NAME	
STREET ADDRESS	300 W VINE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASKO, GREGORY M.	6.2 NAME	
STREET ADDRESS	4840 PLEASANT GROVE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory M. Jasko

Date

(606) 318-6000

Daytime Phone

CR2E034 (9/96)