

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90010 021 ****150.00

DOCUMENT # **826847**

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
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1971

4. FEI Number

61-0410010

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

1.1 TITLE ☐ DELETE

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

1.2 TITLE ☐ DELETE

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

1.3 TITLE ☐ DELETE

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

1.4 TITLE ☐ DELETE

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

1.5 TITLE ☐ DELETE

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

1.6 TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 REQUIRED

Gregory M. Jasko

Date

1/8/99

(606) 388-6000

Daytime Phone #

CR2E034 (11/98)