

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 834840 (1)
1. Corporation Name
SHONEY'S, INC.



Principal Place of Business
1727 ELM HILL PIKE
NASHVILLE TN 37210

Mailing Address
1727 ELM HILL PIKE
NASHVILLE TN 37210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1975

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 62-0799798		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE		11 TITLE	PCEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LYNN, C. STEPHEN			12 NAME	Bodnar, J. Michael		
STREET ADDRESS	1727 ELM HILL PIKE			13 STREET ADDRESS	1727 Elm Hill Pike		
CITY-ST-ZIP	NASHVILLE TN			14 CITY-ST-ZIP	Nashville TN 37210		
TITLE	CFOV	<input checked="" type="checkbox"/> DELETE		21 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARBER, W. CRAIG			22 NAME	Payne, V. Michael		
STREET ADDRESS	1727 ELM HILL PIKE			23 STREET ADDRESS	1727 Elm Hill Pike		
CITY-ST-ZIP	NASHVILLE TN			24 CITY-ST-ZIP	Nashville TN 37210		
TITLE	V	<input checked="" type="checkbox"/> DELETE		31 TITLE	VT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LANGFORD, ROBERT M.			32 NAME	Baldridge, Lloyd W.		
STREET ADDRESS	1727 ELM HILL PIKE			33 STREET ADDRESS	1727 Elm Hill Pike		
CITY-ST-ZIP	NASHVILLE TN			34 CITY-ST-ZIP	Nashville TN 37210		
TITLE	ST	<input type="checkbox"/> DELETE		41 TITLE	SCAO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDANIEL, F. ERNIE			42 NAME	McDaniel, F.E.		
STREET ADDRESS	1727 ELM HILL PIKE			43 STREET ADDRESS	1727 Elm Hill Pike		
CITY-ST-ZIP	NASHVILLE TN			44 CITY-ST-ZIP	Nashville TN 37210		
TITLE	V	<input checked="" type="checkbox"/> DELETE		51 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHEIJ, ABRAHAM P			52 NAME	Adams, Donna M.		
STREET ADDRESS	1727 ELM HILL PIKE			53 STREET ADDRESS	1727 Elm Hill Pike		
CITY-ST-ZIP	NASHVILLE FL			54 CITY-ST-ZIP	Nashville TN 37210		
TITLE	V	<input checked="" type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, GREGORY			62 NAME			
STREET ADDRESS	1727 ELM HILL PIKE			63 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			64 CITY-ST-ZIP			

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.

SIGNATURE *Donna M. Adams* *uhulag*

CR2E034 (10/97)