

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **843346** (8)

1. Corporation Name

GOLDEN CORRAL DEVELOPMENT CORP.

Principal Place of Business

**5151 GLENWOOD AVE
P.O. BOX 29502
RALEIGH NC 27612-3267**

Mailing Address

**5151 GLENWOOD AVE
P.O. BOX 29502
RALEIGH NC 27612-3267**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

56-1216371

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

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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 10% if applicable

(NOTE: Registered Agent signature required when (circled))

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
MCCORMICK, JOHN M
5151 GLENWOOD AVENUE
RALEIGH NC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
BELL, LAMAR C.
4709 TWIN WOOD CT
RALEIGH NC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
FOWLER, THEODORE M. JR.
13520 DURRANT RD
RALEIGH NC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
STATION, JAMES S.
1417 REGENT PLACE
RALEIGH, NC 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AS
BALDWIN, DORIS F(ASST)
609 BLENHEIM DR
RALEIGH, NC 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AS
HITCHCOCK, URSULA K.
8820 WILDWOOD LINKS
RALEIGH NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

**5151 GLENWOOD AVE.
RALEIGH N.C.**

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

☒ Change ☐ Addition

**5151 GLENWOOD AVE.
RALEIGH NC**

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

☒ Change ☐ Addition

**5151 GLENWOOD AVE.
RALEIGH N.C.**

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

☒ Change ☐ Addition

**5151 GLENWOOD AVE.
RALEIGH N.C.**

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

☒ Change ☐ Addition

DELETE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John M. McCormick

DATE

4-10-95

Signature Printed Name

[illegible]