

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

**FILED**  
**Apr 14 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 # 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified: **05/29/1979**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | VP                      | <input type="checkbox"/> DELETE |
| NAME           | BELL, LAMAR C.          |                                 |
| STREET ADDRESS | 5151 GLENWOOD AVENUE    |                                 |
| CITY-ST-ZIP    | RALEIGH NC              |                                 |
| TITLE          | PD                      | <input type="checkbox"/> DELETE |
| NAME           | FOWLER, THEODORE M. JR. |                                 |
| STREET ADDRESS | 5151 GLENWOOD AVE       |                                 |
| CITY-ST-ZIP    | RALEIGH NC              |                                 |
| TITLE          | VP                      | <input type="checkbox"/> DELETE |
| NAME           | STATION, JAMES S.       |                                 |
| STREET ADDRESS | 5151 GLENWOOD AVE       |                                 |
| CITY-ST-ZIP    | RALEIGH NC              |                                 |
| TITLE          | AS                      | <input type="checkbox"/> DELETE |
| NAME           | BALDWIN, DORIS F(ASST)  |                                 |
| STREET ADDRESS | 5151 GLENWOOD AVE       |                                 |
| CITY-ST-ZIP    | RALEIGH NC              |                                 |
| TITLE          | AS                      | <input type="checkbox"/> DELETE |
| NAME           | HEYWARD, ROBERT         |                                 |
| STREET ADDRESS | 5151 GLENWOOD AVE       |                                 |
| CITY-ST-ZIP    | RALEIGH NC              |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                    |                                                                              |
|--------------------|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | VP of Finance      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                    |                                                                              |
| 1.3 STREET ADDRESS |                    |                                                                              |
| 1.4 CITY-ST-ZIP    |                    |                                                                              |
| 2.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                    |                                                                              |
| 2.3 STREET ADDRESS |                    |                                                                              |
| 2.4 CITY-ST-ZIP    |                    |                                                                              |
| 3.1 TITLE          | VP/T/AS            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                    |                                                                              |
| 3.3 STREET ADDRESS |                    |                                                                              |
| 3.4 CITY-ST-ZIP    |                    |                                                                              |
| 4.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                    |                                                                              |
| 4.3 STREET ADDRESS |                    |                                                                              |
| 4.4 CITY-ST-ZIP    |                    |                                                                              |
| 5.1 TITLE          | S                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                    |                                                                              |
| 5.3 STREET ADDRESS |                    |                                                                              |
| 5.4 CITY-ST-ZIP    |                    |                                                                              |
| 6.1 TITLE          | C                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | James H. Maynard   |                                                                              |
| 6.3 STREET ADDRESS | 5151 Glenwood Ave. |                                                                              |
| 6.4 CITY-ST-ZIP    | Raleigh NC 27612   |                                                                              |

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.

CR2E034 (10/97)