FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -12 AM 9:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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-05/16/95--01012--022
DO NOT WRITE ABOVE THIS SPACE **225.00

DOCUMENT # 858064

1. Corporation Name
Restaurant Management Services, Inc.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 10/10/83	3a. Date of Last Report: 2/28/94
4. FEI Number: 58-0972649	☐ 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	2a. Mailing Address
21 4848 Mercer University Dr.	26 P.O. Box 6293
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Macon, Georgia	28 City & State: Macon, Georgia
24 Zip: 31210 25 County: Bibb	29 Zip: 31208 30 Country

9. Name and Address of Current Registered Agent

Frederick A. Beuning
1031 E. Fowler Avenue
Washington Square Bldg.
Tampa, Florida 33612

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Robert M. Langford 4848 Mercer University Dr. Macon, Ga. 31210	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition V Michael Chumbley 4848 Mercer University Dr. Macon, Ga. 31210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V/T Allen Peake 4848 Mercer University Dr. Macon, Ga. 31210	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition V Frederick Beuning 1031 E. Fowler Ave. Tampa, Fl. 33612
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Scott Murphy 4848 Mercer University Dr Macon, Ga. 31210	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition V Joseph Sevall 906 Lee Rd. Orlando, Florida 32810
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V Daniel Woodham 4848 Mercer University Dr Macon, Ga. 31210	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V Patrick Leonard 4848 Mercer University Dr. Macon, Ga. 31210	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition 5/12/95 MSF
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V Steve Lefler 4848 Mercer University Dr. Macon, Ga. 31210	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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 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 — Date — Daytime Phone #