


FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 8508064
1. Corporation Name
Restaurant Mgmt Svcs., Inc.

Principal Place of Business Mailing Address
4848 Mercer University Dr.
Macon, Ga. 31210
Attn: Gail Funderburk

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	3. Date Incorporated or Qualified 1966	3a. Date of Last Report 1996	4. FEI Number 58-0972649	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

Frederick A. Beuning
1031 E. Fowler Ave.
Tampa, Fl. 33612

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	NAME	11 TITLE	NAME
STREET ADDRESS	4848 Mercer Univ. Dr.	12 NAME	VP- Development
CITY-ST-ZIP	macon, Ga. 31210	13 STREET ADDRESS	4848 Mercer Univ. Dr.
TITLE	NAME	14 CITY-ST-ZIP	macon, Ga. 31210
STREET ADDRESS	Mike Chumbley	21 TITLE	Kay Rainwater
CITY-ST-ZIP	4848 Mercer Univ. Dr.	22 NAME	Asst. Secretary
TITLE	NAME	23 STREET ADDRESS	4848 Mercer Univ. Dr.
STREET ADDRESS	John Owens	24 CITY-ST-ZIP	macon, Ga. 31210
CITY-ST-ZIP	4848 Mercer Univ. Dr.	31 TITLE	Frederick A. Beuning
TITLE	NAME	32 NAME	VP
STREET ADDRESS	Doug Friedrich	33 STREET ADDRESS	4848 Mercer Univ. Dr.
CITY-ST-ZIP	4848 Mercer Univ. Dr.	34 CITY-ST-ZIP	macon, Ga. 31210
TITLE	NAME	41 TITLE	
STREET ADDRESS	Glen Fick	42 NAME	
CITY-ST-ZIP	4848 Mercer Univ. Dr.	43 STREET ADDRESS	
TITLE	NAME	44 CITY-ST-ZIP	
STREET ADDRESS	Scott Murphy	51 TITLE	
CITY-ST-ZIP	CFO	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	4848 Mercer Univ. Dr.	54 CITY-ST-ZIP	
CITY-ST-ZIP	macon, Ga. 31210	61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I do 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: Kay Rainwater Asst. Secretary 7/24/97 (912) 474-5633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)