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

PROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90043 009 ***150.00

DOCUMENT # 858064

1. Corporation Name

RMS FAMILY RESTAURANTS, INC.

Principal Place of Business	Mailing Address
4848 MERCER UNIVERSITY DRIVE ATTN: GAIL FUNDERBURK MACON GA 31210	4848 MERCER UNIVERSITY DRIVE ATTN: GAIL FUNDERBURK MACON GA 31210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/10/1983

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **58-0972649**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional · Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEUNING, FREDERICK A 2899 EAST FOWLER AVENUE TAMPA FL 33612	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 P NAME PEAKE, ALLEN STREET ADDRESS 4848 MERCER UNIVERSITY DR. CITY-ST-ZIP MACON GA 31210	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE CFO NAME MURPHY, SCOTT STREET ADDRESS 4848 MERCER UNIVERSITY DR. CITY-ST-ZIP MACON GA 31210	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME LEFLER, STEVE STREET ADDRESS 4848 MERCER UNIVERSITY DR. CITY-ST-ZIP MACON GA 31210	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE COO NAME CHUMBLEY, MIKE STREET ADDRESS 4848 MERCER UNIVERSITY DR. CITY-ST-ZIP MACON GA 31210	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME OWENS, JOHN STREET ADDRESS 4848 MERCER UNIVERSITY DR. CITY-ST-ZIP MACON GA 31210	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME FRIEDRICH, DOUG STREET ADDRESS 4848 MERCER UNIVERSITY DR. CITY-ST-ZIP MACON GA 31210	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _Gail Funderburk_   3-2-99   912-474-5633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #