

A95000000259

THOMAS G. WILKINSON
(Requestor's Name)

P.O. Box 138
(Address)

MARIANNA, FL 32447
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED STATIONS
 SECRETARY OF CORPORATIONS
 DIVISION
 95 FEB 23 PM 4:25

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- SHONEY'S OF MARIANNA, LIMITED
(Corporation Name) (Document #)
- _____ (Corporation Name) (Document #) 000001418450
- _____ (Corporation Name) (Document #) -05,01735-01059-007
- _____ (Corporation Name) (Document #) **1838.50 **1838.50

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

1838
 1750
 88.50
 C-TAX Overpayment
 FILING _____ 1.00
 R. AGENT FEE _____ 1750.00
 3. COPY _____ 25.00
 TOTAL _____ 52.50
 1. BANK _____ 1838.50
 BALANCE DUE _____
 FEES _____
 2/23/95

Examiner's Initials PKC

CERTIFICATE OF LIMITED PARTNERSHIP
OF
SHONEY'S OF MARIANNA, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 FEB 23 PM 4:25

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is Shoney's of Marianna, Limited.
2. The address of the Partnership is 115 Front Street, Dufaula, Alabama 36027.
3. The name and address of the agent for service of process on the Partnership are Thomas C. Wilkinson, 2881 Jefferson Street, Marianna, Florida 32447.
4. The name and address of the general partner is Sho-Mar, Inc., a Florida corporation, 115 Front Street, Dufaula, Alabama 36027. P94000064433
5. The mailing address of the Partnership is P. O. Box 656, Dufaula, Alabama 36027.
6. The latest date upon which the Partnership is to be dissolved is twenty years.

IN WITNESS WHEREOF, this Certificate of Partnership has been executed by the general partner on February 8, 1995.

GENERAL PARTNER:

SHO-MAR, INC.

By: 
REGISTERED

(S E A L)

ACCEPTANCE OF APPOINTMENT
AS
REGISTERED AGENT

Having been named as registered agent for Shoney's of Marianna, Limited, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of the registered agent, including Florida Statute Section 620.192.


REGISTERED AGENT

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
95 FEB 23 PM 4: 25

The undersigned, constituting all of the general partners of Sho-Max of Marlanna, Limited, a Florida Limited Partnership certify.

The amount of capital contributions to date of the limited partner is \$275,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$275,000.00.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

SHO-MAX, INC.

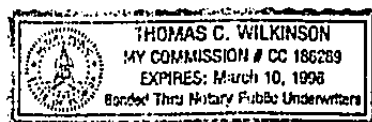
By: *D. Jeffrey McDaniel*
President

(S E A L)

Sworn to and subscribed before me by D. Jeffrey McDaniel, as President of Sho-Max, Inc., the general partner this February 8, 1995.

Thomas C. Wilkinson

THOMAS C. WILKINSON
NOTARY PUBLIC
My Commission Expires: 3-10-96



FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE

A9500000259

FILED

1. Name of Limited Partnership

1a. DOCUMENT #
A9500000259

95 DEC 26 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHONEY'S OF MARIANNA, LIMITED

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if applicable

Mailing Address

P.O. BOX 050
EUFALA AL 30027

Principal Office Address

115 FRONT STREET
EUFALA AL 30027

State, Apt #, etc.

City, State & Zip

900001689139

2a. New Principal Office

064040601007-020

State, Apt #, etc.

****576.25 ****576.25

If above addresses are incorrect in any way, file through the correct information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA
02/23/1995

3a. Date of Last Report

4. State or County of Formation

FL

City, State & Zip

5a. Capital Contributions as Shown on Record
\$275,000.00

5b. Amount of Capital Contributions in FLORIDA to date
275,000.00

6. Filing Number

Applied Fee
 Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$18.75 Additional Fee required for a Certificate of Status

8. FEES: 1) Filing Fee - Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee - \$130.75 (pursuant to section 607.103, F.S.)
THE AMOUNT OF SUPPLEMENTAL FEES SHALL BE \$191.25 (\$52.50 + \$130.75) - NO MORE THAN \$576.25 (\$437.50 + \$130.75)
Note: If the amount entered in 5b is greater than amount entered in 5a - supplemental fee shall be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

WILKINSON, THOMAS C
2881 JEFFERSON STREET
MARIANNA FL 32447

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above named limited partnership reorganized or registered under the laws of the State of Florida, submit 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of sections 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Number)

11b. City, State & Zip Code

11c. Registration/Document Number

SHO-MAR, INC.

115 FRONT STREET

EUFALA AL 36027

P94000364433

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership (receiver or trustee) empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

John D. DeLoach for Sho-Mar, Inc.

DATE 11-15-95

Typed or Printed Name of General Partner Signing Form

John D. DeLoach for SHO-MAR, INC.

Telephone Number

1-334-687-7108

CR2E003 (6/95)