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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F39329

(0)

CHICKEN CHARLEY'S, INC.

FILED Mar 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					}	14, 6(6)) \$1\$11 \$1\$11 \$100 \$100 100°	
5140 S.E. 18TH ST. 5140 S.E. 18TH ST.					İ		
OCALA FL 34471 OCALA FL 34471					DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
}		••			3. Date Incorporated or Qualified		
					06/03/1981		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2094691	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	- 		Trust Fund Contribution L	Added to Fees	
Zip			Count	У	8. This corporation owes or has paid the current year intangible		
24	25 9. Name and Address of Curre	29	30		Personal Property Tax due June 30 10. Name and Address of New Regis		
		AUT LIBRIDION WASHE	8	I Name	10, Harris and Address of New Augus	see Agent	
	RRELL, CHARLES J.		Ľ	7441110			
5140 S.E. 18TH STREET			8:	Street /	Address (P.O. Box Number Is Not Acceptable)		
00	CALA FL 34471		8:				
			"	1			
			8-	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida State	ites, the above	/e-named	corporation submits this statement for the purp		
office or r	egistered agent, or both, in the Statement familiar with, and accept the obli	te of Florida. Such change was	authorized t	ly the corp	poration's board of directors. I hereby accept the	e appointment as registered	
	im lamiliar with, and accept the obli	gations of, Section 607.0505, F	ionoa Statute	95 .			
SIGNATURE	Signature, lyped or printed name of registered a	gent and title if applicable (NC	TE: Registered A	ent signature	required when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	FARRELL, CHARLES J		1.2 NAME				
STREET ADDRESS	5140 S.E. 18TH ST.		1.3 STAES	T ADDRESS			
CITY-ST-ZIP	QCALA, FL 00000		1.4 CITY-	ST-ZIP			
TITLE			2.1 TITLE			Change Addition	
NAME	FARRELL, MARGARET 22		2.2 NAME				
STREET ADDRESS	RESS 1540 S.E. 18TH ST.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	QCALA, FL 00000		2. 4 CITY	ST-ZIP			
TITLE	D	DELETE	3.1 TITLE			Change Addition	
NAME	HOUCK, JOHN WALTER		3.2 NAME				
STREET ADDRESS	PO BOX 1002 NIP		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	MT DORA FL		3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAM	:]			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME	{			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 City-	ST-ZIP			
TITLE		☐ DELET E	6.1 TITLE			Change Addition	
NAME			6.2 NAME	ļ			
STREET ADDRESS	i		6.3 STREE	T ADDRESS		•	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

14. Thereby 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 man altachment with an affices.

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