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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:27

DOCUMENT # F93000003904 (0)

1. Corporation Name
THE RUTH COMPANY

Principal Place of Business
2216 YOUNG DRIVE, SUITE 2
LEXINGTON KY 40505

Mailing Address
P.O. BOX 55190
LEXINGHAM KY 40555-5190

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 61-1159499 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 55190
Suite, Apt. #, etc.
27
City & State
28 LEXINGTON KY
Zip 29 40555 Country 30 FAYETTE

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ______ 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	CP	1 1 TITLE	☐ Change ☐ Addition
NAME	RUTH, LEONARD T	1 2 NAME	
STREET ADDRESS	2049 LAKESIDE DRIVE	1 3 STREET ADDRESS	
CITY ST ZIP	LEXINGTON KY 40502	1 4 CITY ST ZIP	
TITLE	VCVP	2 1 TITLE	☐ Change ☐ Addition
NAME	RUTH, JACKIE	2 2 NAME	
STREET ADDRESS	2216 YOUNG DRIVE, SUITE 2	2 3 STREET ADDRESS	
CITY ST ZIP	LEXINGTON KY 40505	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	RUTH, RICK	3 2 NAME	
STREET ADDRESS	840 W. MAIN STREET	3 3 STREET ADDRESS	
CITY ST ZIP	MOREHEAD KY 40351	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	RUTH, DWAYNE	4 2 NAME	
STREET ADDRESS	840 W. MAIN STREET	4 3 STREET ADDRESS	
CITY ST ZIP	MOREHEAD KY 40351	4 4 CITY ST ZIP	
TITLE	ST	5 1 TITLE	☐ Change ☐ Addition
NAME	RUTH, DARBY A	5 2 NAME	
STREET ADDRESS	1128 TANBARK DRIVE	5 3 STREET ADDRESS	
CITY ST ZIP	LEXINGTON KY 40515	5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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)(k), 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: Darby Ruth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-95 Date (606) 268-4362 Daytime Phone #

0470383 FP