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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

F9300005863 (6) DOCUMENT # 1. Corporation Name

HOOTERS OF LEON, INC.

1200 S. PINE ISLAND RD.

PLANTATION FL 33324

Principal Pla	ce of Business	Mailing Addres	DO NOT WRITE IN THIS SPACE			
SUITE E-511 TALLAHASSI	-	1815 THE EX CHANGE ATLANTA GA 30339 US				
US				3. Date Incorporated or Qualified 12/27/1993		
2. Principal	Place of Business	26. Mailing Add	ress	4. FEI Number	Applied For	
21		26		59-3214244	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z ₁ p	Country 25	Zip 29	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intang ble	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	d Agent	
C	T CORPORATION SYSTEM		81 Name	9		

84 City

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

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 diapplicable (NOTE: Registered Agent signature required when reinstalling) DATE										
	Signature Typed or printed name of registered agent and title if any OFFICERS AND DIRECTO	·	egistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO	Change	Addition				
NAME	AKAM, RICHARD W	La occur	1.2 NAME		- Outsingo					
	1815 THE EXCHANGE									
STREET ADDRESS			1.3 STREET ADDRESS							
CITY - ST - ZIP	ATLANTA GA	l briege	1.4 CITY-ST-ZIP			A 3 400				
TITLE	STD	DELETE	2.1 TITLE		Change	Addition				
NAME	ABBOTT, KENNETH L		2.2 NAME							
STREET ADDRESS	1815 THE EXCHANGE		2.3 STREET ADDRESS							
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP							
TITLE		DELETE	3.1 TITLE		☐ Change	Addition				
NAME			3.2 NAME			Į.				
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TIFLE		DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4 3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS			.]				
CITY-ST-ZIP			54 CITY-ST-ZIP							
TITLE		DELETE	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 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 fild accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 denanged, or on an attachment with an address.

FILED

Mar 24 1998 8:00am

Secretary of State