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
95 MAR 22 PM 1:59
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001426 (5)

1. Corporation Name
SAN JOSE OF ROCHESTER, INC.

Principal Place of Business: 268 FAIRPORT VILLAGE LANDING, FAIRPORT NY 14450
Mailing Address: 268 FAIRPORT VILLAGE LANDING, FAIRPORT NY 14450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:
4. FEI Number: 16-1451723 16-1451723 — Applied For / Not Applicable

2. Principal Place of Business: 21 646-642 KREAG RD | 22 Suite, Apt. #, etc. | 23 City & State: PITTSFORD NY | 24 Zip: 14534 | 25 Country: USA

2a. Mailing Address: 26 646-642 KREAG RD | 27 Suite, Apt. #, etc. | 28 City & State: PITTSFORD NY | 29 Zip: 14534 | 30 Country: USA

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

9. **Name and Address of Current Registered Agent**

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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	PD	☐ Change ☐ Addition
NAME	MARTIN, JAMES A	800001437748
STREET ADDRESS	268 FAIRPORT VILLAGE LANDING	-03/23/95--01043--016
CITY ST ZIP	FAIRPORT NY 14450	****200.00 ****200.00
TITLE	VC	☒ Change ☐ Addition
NAME	KENDIG, BENTON	Delete
STREET ADDRESS	ONE MT. HOPE AVENUE	
CITY ST ZIP	ROCHESTER NY 14620	
TITLE	SD	VC + SD ☒ Change ☐ Addition
NAME	DAGRACA, GEORGE	
STREET ADDRESS	268 FAIRPORT VILLAGE LANDING	
CITY ST ZIP	FAIRPORT NY 14450	
TITLE	T	☐ Change ☐ Addition
NAME	GORDON, STEVEN	
STREET ADDRESS	120 ALLENS CREEK ROAD, SUITE 101	
CITY ST ZIP	ROCHESTER NY 14618	
TITLE	VC	☒ Change ☐ Addition
NAME	GRANT, MARY	Delete
STREET ADDRESS	ONE MT HOPE AVENUE	
CITY ST ZIP	ROCHESTER NY 14620	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(x), 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: James A. Martin — James A. Martin — 3/15/95 — 716-381-0570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001447 (1)

1. Corporation Name

TEXAS ROADHOUSE OF TAMPA INC., I

Principal Place of Business
2412 TAVENER DR.
LOUISVILLE KY 40242

Mailing Address
2412 TAVENER DR.
LOUISVILLE KY 40242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report:

4. FEI Number: NOT APPLICABLE — 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 3619 TRAIL RIDGE
27 Suite, Apt. #, etc.
28 City & State: LOUISVILLE KY
29 Zip: 40241-6220
30 Country: JEFFERSON

9. Name and Address of Current Registered Agent

TAYLOR, W. KENT
3930 SW ARCHER ROAD
GAINESVILLE FL 32608

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

12. OFFICERS AND DIRECTORS

TITLE	CST
NAME	TAYLOR, W. KENT
STREET ADDRESS	2412 TAVENER DR.
CITY-ST-ZIP	LOUISVILLE KY 40242
TITLE	DP
NAME	DRENNAN, BEN
STREET ADDRESS	2412 TAVENER DR.
CITY-ST-ZIP	LOUISVILLE KY 40242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

100001438461
-03/24/95--01015--013
****200.00 ****200.00

☒ Change ☐ Addition — PLEASE DELETE

3/21/95 [illegible]

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, 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: W Kent [signature] (W. KENT TAYLOR)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.13.95

502
426-[illegible]9984

0470282 FP