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

PROFIT CORPORATION ANNUAL REPORT

1997

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TAYLOR, W. KENT 3830 SW ARCHER ROAD

GAINESVILLE FL 32608



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001447 (1)

9. Name and Address of Current Registered Agent

TEXAS ROADHOUSE OF TAMPA INC., I

FILED Apr 16 1997 8:00am Secretary of State

Yes No

10. Name and Address of New Registered Agent

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

Principal Place of Business		Mailing Address							
2900 US HIGHWAY 18 OLEARWATER FL 34621 IUS	\$	000 WEXXEX PLACE SUITE 301 OUISVILLE KY 40222							
:	U	J\$		 Date Incorporated or Qualified 03/22/1994 	or Qualified 3a. Date of Las 03/20/1996				
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For			
21	20	6		59-3238042		Not Applicable			
Suite, Apt. #, etc.	2	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	2	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip C	Country	Zip	Country	8. This corporation has liability for it	ntangible	tax under s. 199 032			

84 Cily Zip Code

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Name

office or agent 1	to the provisions of Sections 607.0302 and 607.1503, Flor registered agent, or both, in the State of Florida. Such cha am familiar with, and accept the obligations of, Section 607	rida Statutes, inge was aut 7.0505, Florid	the above-hamed corp horized by the corporal a Statutes.	poration submits this station's board of directors.	tement for the purpo I hereby accept the	ose of changing if e appointment as	registered
SIGNATURE					<u>-</u>		
12,	Signature, typed or printed name of registered agent and lite if applicable OFFICERS AND DIRECTORS	(NOIL H	Registered Agent signature requi		NGES TO OFFICERS	ATE	10 IN 12
TALE		DELETE	1.1 TITLE	ADDITIONS/CITA	IGES TO OTT TOLTIC	Change	Addition
NAME	TAYLOR, W. KENT	J. 11.1C	1.2 NAME			[_] Onlingo	tall results
	3619 TRAIL RIDGE ROAD						
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	LOUISVILLE KY	NE. 535	1.4 CITY - \$7 - ZIP	· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP				
TITLE		ELETE	6.1 THILE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
CITY-ST-7IP			6.4 CITY-ST-7/P				

do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information infoated 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 the annual report of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or of an attachment with an address.

GNATURE:

3/18/97

3/18/97