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

APPROVED AND FILED

95 MAY -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004370 (2)

1. Corporation Name
RUBY TUESDAY, INC.

Principal Place of Business	Mailing Address
4721 MORRISON DR. MOBILE AL 36609	4721 MORRISON DR. MOBILE AL 36609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1994
3a. Date of Last Report:

4. FEI Number: 63-1077202 ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
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 ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	President, Director ☒ Change ☐ Addition
NAME	BEALL, SAMUEL E III	1.2 NAME	
STREET ADDRESS	4721 MORRISON DR.	1.3 STREET ADDRESS	
CITY ST ZIP	MOBILE AL 36609	1.4 CITY ST ZIP	
TITLE	~~DP~~	2.1 TITLE	☒ Change ☐ Addition
NAME	~~MCCLENAGAN, ROBERT JR.~~	2.2 NAME	Delete
STREET ADDRESS	~~4721 MORRISON DR.~~	2.3 STREET ADDRESS	
CITY ST ZIP	~~MOBILE AL 36609~~	2.4 CITY ST ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, PFILIP G	3.2 NAME	
STREET ADDRESS	4721 MORRISON DR.	3.3 STREET ADDRESS	
CITY ST ZIP	MOBILE AL 36609	3.4 CITY ST ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	MOTHERSHED, J. RUSSELL	4.2 NAME	
STREET ADDRESS	4721 MORRISON DR.	4.3 STREET ADDRESS	
CITY ST ZIP	MOBILE AL 36609	4.4 CITY ST ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	COLE, WALTER G JR.	5.2 NAME	
STREET ADDRESS	4721 MORRISON DR.	5.3 STREET ADDRESS	
CITY ST ZIP	MOBILE AL 36609	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 the 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 all address.

SIGNATURE: X J. Russell Mothershed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 — Date
(334) 344-3000 — Daytime Phone #

0471075 FP