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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F940
1. Corporation Name
BLUE RIDGE PIZZA HUT, INC. F94000004615 (0)

FILED Jan 27 1998 8:00am Secretary of State

Principal Place of Business 9111 EAST DOUGLAS WICHITA KS 67207-1205		Mailing Address ATTN: LAW DEPT. PO BOX 783186 WICHITA KS 67278-3186			IN THIS SPACE	
		Wolling to organization		Date Incorporated or Qualified 09/07/1994	IN THIS OF AGE	
2. Principal P	lace of Business	2a. Mailing Address 26		4. Fet Number 48-1154321	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has pa Personal Property Tax due June	30. Yes XNo	
^ T	Name and Address of Curre CORPORATION SYSTEM	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	10 SOUTH PINE ISLAND ROAD					
PLANTATION FL 33324			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			63		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			84 City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the above-named corp	poration submits this statement for the place tion's board of directors. I hereby acception's	ourpose of changing its registered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	authorized by the corporal orida Statutes.	non's board of directors, I hereby acce	or the appointment as registered	
SIGNATURE						
12.	Signature, typed or printed name of registered ap	ent and little if applicable (NO: D DIRECTORS	 Registered Agent signature requirements 	red when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRECTORS IN 12	
TITLE	POT	DELETE	1.1 TITLE	ADDITIONS/OFFICE TO OFFICE	Change Addition	
NAME	ROLL, TERESA J	_	1.2 NAME			
STREET ADDRESS	9111 EAST DOUGLAS		1.3 STREET ADDRESS			
CITY-ST-ZIP	WICHITA KS 67207-1205		1.4 CITY-ST-ZIP			
TITLE	VDS	☐ DELETE	2.1 TITLE		Change Addition	
NAME	COLE, BRIAN H		2.2 NAME			
STREET ADDRESS	9111 EAST DOUGLAS		2.3 STREET ADDRESS			
CITY-ST-ZIP	WICHITA KS 67207-1205		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETÉ	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ 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-\$T-ZIP			5.4 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 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.

Teresa J. Roll, 1/12/98

316/681-9581