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Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90010 022 ***550.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000004615

1. Corporation Name

BLUE RIDGE PIZZA HUT, INC.

			_								
Principal Place of Business Mailing Address							İ	(1001102 1110 10111 001			, ,,,
9111 EAST DOUGLAS ATTN: LAW DEPT.											
WICHITA KS 672	07-1205		PO BOX 783186 WICHITA KS 67278-3186				-	DO NOT WRITE IN THIS SPACE			
		WICHELA K					-	Date Incorporated or Qualifed			
							ļ				f
2 Dringing Pla	on of Business	2a Mailine	Address				-	09/07/1994 4. FEI Number		ΙΤ.Δι	pplied For
2. Principal Place of Business 2a. Mailing Address					Dowlesson					<u> </u>	ot Applicable
	Dallas Parkway		26 14841 Dallas Parkway Suite, Apt. #, etc.					<u>48-1154321</u>			Additional
Suite, Apt. #	, etc.							5. Certificate of Status Desired	đ 🗆		equired
22		_+	City & State								
City & State	Татта	<u> </u>	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
	, Texas	_+	Zip Country				-				
Zîp 24 75240−2	Country	ب جند م	—				8. This corporation owes the current year Intangible Personal Property Tax Yes X			⊠No	
24 /3240-2				30	US			Personal Property Tax.	Boniotened		LAJ NO
	9. Name and Address of Curren	t Registered A	gent		81	Name		10. Name and Address of Ne	w Registered /	-yent	
0.7.0	ODDODATION CVCTEM				"	Name					ì
	ORPORATION SYSTEM					Street	Address	ess (P.O. Box Number is Not Acceptable)			
	SOUTH PINE ISLAND ROAD										
PLAN	ration fl 33324				83						ļ
					84	City				85 Zip	Code
						·			. FL		
office or red	the provisions of Sections 607.050 gistered agent, or both, in the State familiar with, and accept the obliga	of Florida, Such	change was a	authorize	ol by	the corpo	corpora oration's	ation submits this statement for s board of directors. I hereby a	the purpose of coept the appoir	changing its itment as re	registered egistered
SIGNATURE _	Ignature, typed or printed name of registered ager	nt and title if applicable	(NOT	F. Recistered	i Apen	t signature re	equired wh	nen reinstating)	DATE		——
12.		ID DIRECTORS		13.				ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	ORS IN 12
	PDT		DELETE.	1.1 Π	TLE		Pre:	sident/Director		K Change	☐ Addition
I .	ROLL, TERESA J		\mathcal{F}	1.2 N	AMF		Bri	an H. Cole			
1	9111 EAST DOUGLAS					ADDRESS	148	41 Dallas Parkwa	V		
					ITY-SI			las, Texas 75240			ļ
	SCHITA KS 67207-1205		TO DELETE			1-ZIP	Vice President/Seco			▼ Change	Addition
I .	VDS	J			IΓ		Dir	rector			
1	COLE, BRIAN H		.				Me1	elanie K. Morgan			i
i i	9111 EAST DOUGLAS					ADDRESS	148	41 Dallas Parkwa	ÿ		
CITY-ST-ZIP	WICHITA KS 67207-1205			_	X-YTK	T-ZIP	Dal.	las, Texas 75240	-2100		T Addition
TITLE	i		3.1 TI		ļ		e_President/Trea:	surer	Change	X Addition	
NAME			3.2 N					W. Horn		Į	
STREET ADDRESS				3.3 S	TREET	ADDRESS		41 Dallas Parkwa	•		
CITY-ST-ZIP	-			3.4. 0	ITY-S	T-ZIP	Da1	<u>las, Texas 75240</u> .	-2100		
TITLE			☐ DELETE	4.1 Ti	TLE					☐ Change	☐ Addition
NAME				4 2 1	IAME						
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY-ST-ZIP				4.4 C	ITY-SI	r-zip					
TITLE			DELETE	5.1 17			_			Change	Addition
NAME				5.2 N	AME						
STREET ADDRESS				5.3 S	TREET	ADDRESS					ļ
CITY-ST-ZIP				5.4 C	ITY-S1	r-ZIP					ļ
TITLE			☐ DELETE	6.1 T						☐ Change	Addition
NAME				62 N	AME	ļ					
STREET ADDRESS				6.3 S	TREET	ADDRESS					
O LUCE LADDUCESS!						. 1					

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 as a speciment with

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian H. Cole, 6/1/99

__972/338-7879