

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

F96000000119

1. Corporation Name

MORRISON RESTAURANTS INC.

Principal Place of Business

4893 RIVERDALE RD

SUITE 260

ATLANTA, GA 30337

Mailing Address

4893 RIVERDALE RD

SUITE 260

ATLANTA, GA 30337

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3300 HIGHLANDS PKWY Suite, Apt. #, etc. 22 SUITE 130 City & State 23 ATLANTA, GA Zip 24 30082	2a. Mailing Address 26 3300 HIGHLANDS PKWY Suite, Apt. #, etc. 27 SUITE 130 City & State 28 ATLANTA, GA Zip 29 30082	Country 25 USA 30 USA
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3. Date Incorporated or Qualified

1/5/96

4. FEI Number

63-1155967

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM

1201 HAYS STREET

SUITE 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RONNIE L. TATUM	
STREET ADDRESS	4893 RIVERDALE RD	
CITY - ST - ZIP	ATLANTA, GA 30337	

TITLE	V	<input type="checkbox"/> DELETE
NAME	CRAIG D. NELSON	
STREET ADDRESS	4893 RIVERDALE RD	
CITY - ST - ZIP	ATLANTA, GA 30337	

TITLE	SV	<input type="checkbox"/> DELETE
NAME	MITCHELL S. BLOCK	
STREET ADDRESS	4893 RIVERDALE RD	
CITY - ST - ZIP	ATLANTA, GA 30337	

TITLE	DC	<input type="checkbox"/> DELETE
NAME	DOLPH W. VON ARX	
STREET ADDRESS	4351 GULF SHORE BLVD N	
CITY - ST - ZIP	NAPLES, FL 34103	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARTHUR R. OUTLAW	
STREET ADDRESS	4721 MORRISON DR	
CITY - ST - ZIP	MOBILE, AL 36609	

TITLE	D	<input type="checkbox"/> DELETE
NAME	E. EUGENE BISHOP	
STREET ADDRESS	4721 MORRISON DR	
CITY - ST - ZIP	MOBILE, AL 36609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONNIE L. TATUM	
1.3 STREET ADDRESS	3300 HIGHLANDS PKWY	
1.4 CITY - ST - ZIP	ATLANTA, GA 30082	

2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRAIG D. NELSON	
2.3 STREET ADDRESS	3300 HIGHLANDS PKWY	
2.4 CITY - ST - ZIP	ATLANTA, GA 30082	

3.1 TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MITCHELL S. BLOCK	
3.3 STREET ADDRESS	3300 HIGHLANDS PKWY	
3.4 CITY - ST - ZIP	ATLANTA, GA 30082	

4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GINNY P. GREEN	
4.3 STREET ADDRESS	3300 HIGHLANDS PKWY	
4.4 CITY - ST - ZIP	ATLANTA, GA 30082	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

Craig Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98
Date

(770) 308-3700
Daytime Phone #

CR2E034 (10/97)