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Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90076 020 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000119

1. Corporation Name  
MORRISON RESTAURANTS INC.



Principal Place of Business 3300 HIGHLANDS PKWY. SUITE 130 ATLANTA GA 30082 US	Mailing Address 3300 HIGHLANDS PKWY. SUITE 130 ATLANTA GA 30082 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3232 Sherwood Forest Suite, Apt. #, etc. 22 City & State 23 Baton Rouge LA Zip 24 70821 Country 25 USA	2a. Mailing Address 26 PO Box 2467 Suite, Apt. #, etc. 27 City & State 28 Baton Rouge, LA Zip 29 70821 Country 30 USA	3. Date Incorporated or Qualified 01/05/1996 4. FEI Number 63-1155967 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 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
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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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME TATUM, RONNIE L. STREET ADDRESS 3300 HIGHLANDS PKWY. CITY-ST-ZIP ATLANTA GA 30082 <input checked="" type="checkbox"/> DELETE	1.1 TITLE President 1.2 NAME Ronald A. LaBorde 1.3 STREET ADDRESS 3232 Sherwood Forest 1.4 CITY-ST-ZIP Baton Rouge LA 70821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME NELSON, CRAIG D STREET ADDRESS 3300 HIGHLANDS PKWY. CITY-ST-ZIP ATLANTA GA 30082 <input checked="" type="checkbox"/> DELETE	2.1 TITLE Secretary / Treasurer 2.2 NAME J. Fred Johnson 2.3 STREET ADDRESS 3232 Sherwood Forest 2.4 CITY-ST-ZIP Baton Rouge, LA 70821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SV NAME BLOCK, MITCHELL S STREET ADDRESS 3300 HIGHLANDS PKWY. CITY-ST-ZIP ATLANTA GA 30082 <input checked="" type="checkbox"/> DELETE	3.1 TITLE Vice-President 3.2 NAME Joseph Polito 3.3 STREET ADDRESS 3232 Sherwood Forest 3.4 CITY-ST-ZIP Baton Rouge LA 70821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD NAME VON ARX, DOLPH W STREET ADDRESS 4951 GULF SHORE BLVD., NORTH CITY-ST-ZIP NAPLES FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME OUTLAW, A.R. STREET ADDRESS 4721 MORRISON DR CITY-ST-ZIP MOBILE AL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BISHOP, E EUGENE STREET ADDRESS 4721 MORRISON DR CITY-ST-ZIP MOBILE AL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99 225-293-9440

Date

Daytime Phone #

CR2E034 (1/1/98)