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 APR 27 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J89475** **(4)**

1. Corporation Name
OUTBACK STEAKHOUSE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
550 N. REO ST. #204 TAMPA FL 33609	550 N. REO ST. #204 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/27/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2848217** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

A.G.C., CO.
200 SOUTH ORANGE AVENUE
23RD FLOOR
ORLANDO FL 32801

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCE	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	SULLIVAN, CHRIS T.	1.2 NAME		
STREET ADDRESS	550 N REO STREET, S204	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	PCO	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BASHAM, ROBERT B.	2.2 NAME		
STREET ADDRESS	550 N REO STREET, S204	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	SVP	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	GANNON, TIM	3.2 NAME		
STREET ADDRESS	550 N REO STREET, S204	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	SVP	4.1 TITLE	V/T/D	☒ Change ☐ Addition
NAME	MERRITT, ROBERT S.	4.2 NAME		
STREET ADDRESS	550 N REO STREET, S204	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CAREY, W.R. MAX JR.	5.2 NAME		
STREET ADDRESS	550 N REO STREET, S204	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	FLOM, EDWARD L.	6.2 NAME		
STREET ADDRESS	550 N REO STREET, S204	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0243361 CP

J894475

Outback Steakhouse of Florida, Inc.

1995 Corporation Annual Report

Block 13 (cont'd)

7.1	Title	V/S	Addition
7.2	Name	Joseph J. Kadow	
7.3	Street address	550 N. Reo Street, Suite 204	
7.4	City-St-Zip	Tampa, FL 33609	
8.1	Title	D	Addition
8.2	Name	Charles Bridges	
8.3	Street address	550 N. Reo Street, Suite 204	
8.4	City-St-Zip	Tampa, FL 33609	
9.1	Title	D	Addition
9.2	Name	Lee Roy Selmon	
9.3	Street address	550 N. Reo Street, Suite 204	
9.4	City-St-Zip	Tampa, FL 33609	
10.1	Title	D	Addition
10.2	Name	John Brabson	
10.3	Street address	550 N. Reo Street, Suite 204	
10.4	City-St-Zip	Tampa, FL 33609	
11.1	Title	D	Addition
11.2	Name	Hal Smith	
11.3	Street address	550 N. Reo Street, Suite 204	
11.4	City-St-Zip	Tampa, FL 33609	
12.1	Title	V	Addition
12.2	Name	Paul Avery	
12.3	Street address	550 N. Reo Street, Suite 204	
12.4	City-St-Zip	Tampa, FL 33609	
13.1	Title	V	Addition
13.2	Name	Steve Stanley	
13.3	Street address	550 N. Reo Street, Suite 204	
13.4	City-St-Zip	Tampa, FL 33609	
14.1	Title	V	Addition
14.2	Name	Nancy Schneid Swensson	
14.3	Street address	550 N. Reo Street, Suite 204	
14.4	City-St-Zip	Tampa, FL 33609	
15.1	Title	V	Addition
15.2	Name	Trudy Cooper	
15.3	Street address	550 N. Reo Street, Suite 204	
15.4	City-St-Zip	Tampa, FL 33609	