

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00216 (2)**

1. Corporation Name

**MIDFLORIDA RESTAURANTS CORPORATION**



Principal Place of Business

Mailing Address

5581 ANDREWS RD POB 190069  
P O OX 190069  
MOBILE AL 36619

5581 ANDREWS RD POB 190069  
P O OX 190069  
MOBILE AL 36619

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/09/1983

3a. Date of Last Report

02/14/1995

4. FEI Number

63-0864092

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 the applicable

DATE Registered Agent's signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	CHADICK, EUGENE L., JR	
STREET ADDRESS	4613 ANDREWS ROAD	
CITY - ST - ZIP	MOBILE AL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EVANS, MURRAY J.	
STREET ADDRESS	4613 ANDREWS ROAD	
CITY - ST - ZIP	MOBILE AL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PORTELLA, PETER G.	
STREET ADDRESS	4613 ANDREWS RD	
CITY - ST - ZIP	MOBILE AL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GRIZZLE, REBECCA I	
STREET ADDRESS	5581 ANDREWS RD.	
CITY - ST - ZIP	MOBILE AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	
1.1 STREET ADDRESS	5581 ANDREW RD
1.1 CITY - ST - ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME	CEO DIRECTOR
2.1 STREET ADDRESS	EVANS, MURRAY J.
2.1 CITY - ST - ZIP	5581 ANDREW RD
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 NAME	
3.1 STREET ADDRESS	
3.1 CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 NAME	
4.1 STREET ADDRESS	
4.1 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 NAME	VICE PRESIDENT
5.1 STREET ADDRESS	JAMES W. HARTMAN, III
5.1 CITY - ST - ZIP	5581 ANDREWS RD
5.1 CITY - ST - ZIP	MOBILE, AL 36619
6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 NAME	PRESIDENT
6.1 STREET ADDRESS	TED BURKE
6.1 CITY - ST - ZIP	5581 ANDREWS ROAD
6.1 CITY - ST - ZIP	MOBILE, AL 36619

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)(k), 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 register 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: *James W. Hartman III* V.P. Finance 4-29-96 334 661-6191

CR2E034 (12/95)