

5.19.98 B 7641 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 5501 ANDREWS RD POB 100000 P O BOX 100000 MOBILE AL 36610 | Mailing Address 5501 ANDREWS RD POB 100000 P O BOX 100000 MOBILE AL 36610 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 3600 Springhill Business Park Suite 200 Mobile, AL 36608 | 2a. Mailing Address 3600 Springhill Business Park Suite 200 Mobile, AL 36608 |
| 21 Zip 36608 | 25 Country AL |
| 22 Zip 36608 | 26 Country AL |

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/09/1983 | |
| 4. FEI Number 63-0864092 | Applied For <input type="checkbox"/> Not Applicable |
| Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|--|--|
| TITLE V | <input type="checkbox"/> DELETE | 4.1 CITY-ST-ZIP 3600 Springhill Business Park Suite 200 Mobile, AL 36608 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CHADICK, EUGENE L., JR | | 4.2 CITY-ST-ZIP 3600 Springhill Business Park Suite 200 Mobile, AL 36608 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 5501 ANDREW RD. | | 4.3 CITY-ST-ZIP 3600 Springhill Business Park Suite 200 Mobile, AL 36608 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP MOBILE AL | | 4.4 CITY-ST-ZIP 3600 Springhill Business Park Suite 200 Mobile, AL 36608 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE CD | <input type="checkbox"/> DELETE | 5.1 TITLE 3600 Springhill Business Park Suite 200 Mobile, AL 36608 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME EVANS, MURRY J. | | 5.2 N 3600 Springhill Business Park Suite 200 Mobile, AL 36608 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 5501 ANDREW RD. | | 5.3 S 3600 Springhill Business Park Suite 200 Mobile, AL 36608 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP MOBILE AL | | 5.4 CITY-ST-ZIP 3600 Springhill Business Park Suite 200 Mobile, AL 36608 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE AS | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GRIZZLE, REBECCA | | 6.2 NAME | |
| STREET ADDRESS 5501 ANDREWS RD. | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP MOBILE AL | | 6.4 CITY-ST-ZIP | |
| TITLE VP | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HARTMAN, JAMES W III | | 6.2 NAME | |
| STREET ADDRESS 5501 ANDREWS RD. | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP MOBILE AL 36610 | | 6.4 CITY-ST-ZIP | |
| TITLE P | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BURKE, TED | | 6.2 NAME | |
| STREET ADDRESS 5501 ANDREWS RD. | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP MOBILE FL 36610 | | 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 _____ **James W. Hartman, III**

CR2E034 (10/97)