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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P00216**

1. Corporation Name
MIDFLORIDA RESTAURANTS CORPORATION



| | |
|---|--|
| Principal Place of Business 3600 LSPRINGHILL BUSINESS PK STE 200 MOBILE AL 36608 US | Mailing Address 3600 SPRINGHILL BUSINESS PK STE 200 MOBILE AL 36608 US |
|---|--|

DO NOT WRITE IN THIS SPACE

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

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 12/09/1983 | |
| 4. FEI Number 63-0864092 | 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 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 | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|--|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | CHADICK, EUGENE L., JR | |
| STREET ADDRESS | 3600 SPRINGHILL BUSINESS PK | |
| CITY-ST-ZIP | MOBILE AL 36608 | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | EVANS, MURRY J. | |
| STREET ADDRESS | 3600 SPRINGHILL BUSINESS K, STE 200 | |
| CITY-ST-ZIP | MOBILE AL 36608 | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | GRIZZLE, REBECCA I | |
| STREET ADDRESS | 5581 ANDREWS RD. | |
| CITY-ST-ZIP | MOBILE AL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | HARTMAN, JAMES W III | |
| STREET ADDRESS | 3600 SPRINGHILL BUSINESS PK, STE 200 | |
| CITY-ST-ZIP | MOBILE AL 36608 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BURKE, TED | |
| STREET ADDRESS | 3600 SPRINGHILL BUSINESS PK, STE 200 | |
| CITY-ST-ZIP | MOBILE FL 36608 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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)(l), 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: *James W. Hartman III* James W. Hartman, III 4/25/99 (334) 345-7900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP Finance Date Day/Date Phone #

CR2E034 (1/98)