

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06908 (8)  
1. Corporation Name  
GULF SHORES RESTAURANTS CORPORATION

Principal Place of Business <del>5581 ANDREWS RD</del> <del>P O BOX 180089</del> MOBILE AL 36618	Mailing Address <del>5581 ANDREWS RD</del> <del>P O BOX 180089</del> MOBILE AL 36618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3600 Springhill Business Park Suite 200 Mobile, AL 36608		2a. Mailing Address 26 3600 Springhill Business Park Suite 200 Mobile, AL 36608		3. Date Incorporated or Qualified 07/30/1985	
23 Zip 25 Country		28 Zip 30 Country		4. FEI Number 63-0814669	
24		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent LEE, CHADICK 4506 PITCHING WEDGE WAY SEBRING FL 33872		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		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	
83		84 City		85 Zip Code	
FL		FL		FL	

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	CD	1.1 TITLE	3600 Springhill Business Park
NAME	EVANS, MURRY J.	1.2 NAME	Suite 200
STREET ADDRESS	<del>5581 ANDREW RD.</del>	1.3 ST	Mobile, AL 36608
CITY-ST-ZIP	<del>MOBILE AL</del>	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	3600 Springhill Business Park
NAME	BURKE, TED J	2.2 NAME	Suite 200
STREET ADDRESS	4843 ANDREWS ROAD	2.3 ST	Mobile, AL 36608
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	
TITLE	PS	3.1 TITLE	
NAME	BURKE, TED JR.	3.2	3600 Springhill Business Park
STREET ADDRESS	<del>5581 ANDREW RD.</del>	3.3	Suite 200
CITY-ST-ZIP	MOBILE AL	3.4	Mobile, AL 36608
TITLE	<del>S</del>	4.1 TITLE	
NAME	GRIZZLE, REBECCA L (AST)	4.2 NAME	
STREET ADDRESS	<del>5581 ANDREW AVE.</del>	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	3600 Springhill Business Park
NAME	HARTMAN, JAMES W III	5.2	Suite 200
STREET ADDRESS	<del>5581 ANDREW AVE.</del>	5.3	Mobile, AL 36608
CITY-ST-ZIP	MOBILE AL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* VP-Finance

16 27 98 (334) 345-7000

CR2E034 (10/97)