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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 3:45

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P15850

(1)

1. Corporation Name

MORRISON RESTAURANTS INC.

Principal Place of Business

Mailing Address

4721 MORRISON DRIVE
PO BOX 160286 (36625)
MOBILE AL 36609

4721 MORRISON DRIVE
PO BOX 160286 (36625)
MOBILE AL 36609

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/04/1987

3a. Date of Last Report

04/19/1994

4. FEI Number

63-0475239

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CBD
BISHOP, E.E.
156 COLLEGE LANE
MOBILE AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
OUTLAW, A.R.
3020 YESTER PLACE
MOBILE AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PCEO
BEALL, SAMUEL E. III
17765 SCENC HWY 98
POINT CLEAR AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VCT
MOTHERSHED, J. RUSSELL
2016 MARIAN DR.
MOBILE AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VS
HUNT, PHILIP G.
203 TUTHILL LANE
MOBILE AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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 on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR

2/21/95

(334) 344-3000