

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18459** (8)

1. Corporation Name

RIBBY'S RESTAURANT, INC.

Principal Place of Business

**P.O. BOX 224018
TAX DEPT
DALLAS TX 75222-4018
US**

Mailing Address

**P.O. BOX 224018
TAX DEPARTMENT
DALLAS TX 75222-4018
US**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 24 PM 12:42

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/16/1988

3a. Date of Last Report

04/28/1994

4. FEI Number

51-0306524

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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 607.1500, 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 if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DCP
KAUFMAN, MICHAEL S.
TERMINAL DR., PO BOX 578
DAYTON OH**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
MCCARTHY, JAMES W.
12404 PARK CENTRAL DR.
DALLAS TX**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T
RIEGER, JAMES J.
TERMINAL DR., PO BOX 578
DAYTON OH**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**OFFICER/DIRECTOR
SCHEDULE ATTACHED**

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 110.07(3)(b), 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 addition.

SIGNATURE: *Carolyn Carpenter*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CAROLYN CARPENTER
ASSISTANT-SECRETARY**

1-16-95

214-404-5013

OFFICER AND DIRECTOR LIST:

CORPORATION NAME: RIBBY'S RESTAURANTS, INC.

FEI NUMBER: 51-0306524

PRESIDENT: MICHAEL S. KAUFMAN **TERM EXPIRES:** PERPETUAL
SSN: 161-44-6445
HOME ADDRESS: 292 DOUGLAS ROAD
CHAPPAQUA, NY 10514

VICE PRESIDENT: GERARD S. BENEDETTO **TERM EXPIRES:** PERPETUAL
SSN: 150-56-9198
HOME ADDRESS: 5917 ROYAL PALM
PLANO, TX 75093

SECRETARY: JAMES W. MCCARTHY **TERM EXPIRES:** PERPETUAL
SSN: 287-42-2161
HOME ADDRESS: 2613 MILLINGTON
PLANO, TX 75093

TREASURER: J. DUNCAN MCCOLLUM **TERM EXPIRES:** PERPETUAL
SSN: 316-70-7829
HOME ADDRESS: 2425 BEAVER BEND DRIVE
PLANO, TX 75023

ASST. SECRETARY: CAROLYN CARPENTER **TERM EXPIRES:** PERPETUAL
SSN: 439-44-2909
HOME ADDRESS: 2009 WHIPPOORWILL
CARROLLTON, TX 75006

DIRECTORS: MICHAEL S. KAUFMAN **TERM EXPIRES:** PERPETUAL
JAMES W. MCCARTHY **TERM EXPIRES:** PERPETUAL

OFFICE ADDRESS FOR ALL OFFICERS IS: 12404 PARK CENTRAL DRIVE
DALLAS, TEXAS 75251

TAX DEPARTMENT MAILING ADDRESS IS: P.O. BOX 224018
DALLAS, TX 75222-4018