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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23146** **(4)**

1. Corporation Name
APPLE SOUTH, INC.

Principal Place of Business	Mailing Address
HANCOCK AT WASHINGTON ST. MADISON GA 30650	HANCOCK AT WASHINGTON ST. MADISON GA 30650

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1989**
3a. Date of Last Report: **06/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2778983** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☐ Addition
NAME	EVANS, MICHAEL W.	12 NAME	
STREET ADDRESS	1607 LAURENS RD	13 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	14 CITY ST ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	DUPREE, TOM E., JR	22 NAME	
STREET ADDRESS	HANCOCK AT WASHINGTON	23 STREET ADDRESS	
CITY-ST-ZIP	MADISON GA	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MCLEOD, JOHN G., JR.	32 NAME	
STREET ADDRESS	HANCOCK AT WASHINGTON	33 STREET ADDRESS	
CITY-ST-ZIP	MADISON GA	34 CITY ST ZIP	
TITLE	CFO	41 TITLE	☐ Change ☐ Addition
NAME	BOOTH, ERICH J.	42 NAME	
STREET ADDRESS	HANCOCK AT WASHINGTON	43 STREET ADDRESS	
CITY ST ZIP	MADISON GA	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, THOMAS R.	52 NAME	
STREET ADDRESS	THE WELLS GROUP AT PEACHTREE	53 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROWE, JAMES W.	62 NAME	
STREET ADDRESS	THE GREAT ATLANTIC AND TEA CO.	63 STREET ADDRESS	
CITY ST ZIP	MONTVALE NJ	64 CITY-ST-ZIP	

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)(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: _____ 5/1/95 (706) 342-4552
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0486733 FN