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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P23146

(4)

APPLE SOUTH, INC.



Principal Place of	Business	Mailing Address					
TANGOOK AT WAGINGTON ON			SHINGTON ST.				
MADISON GA 30650		MADISON GA 306	50		ا موا	Data of Look I	Depart
				3. Date Incorporated or 0 02/24/1989	ризитео за. г	Date of Last I 05/01/1	
2. Principa: Plac	e of Business	2a. Mailing Address		4. FEI Number			Applied For
		26		59-2778983			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc		5. Certificate of Status De	esired 🔲		5 Additional Required
2		City & State	.,	6. Election Campaign Fin	ancing		00 May Be
City & State		28		Trust Fund Contributio			led to Fees
Z <sub>I</sub> p	Country	Zip	Country	8. This corporation has la	ability for intangib	ile tax under	s 199.032,
<b>1</b>	25	29	30	Florida Statutes	☐ Yes ☐ N	0	
L	9. Name and Address of Curre	nt Registered Agent		10. Name and Address	of New Registe	red Agent	
			81 Nan	ie			
CT COR	PORATION SYSTEM		B2 Stree	et Address (P.O. Box Number is Not	Acceptable)		
	PINE ISLAND ROAD						
	TION FL 33324		83				
			84 City			85	Zip Code
				Corporation submits this statement f n's board of directors. Thereby accep		┝┇╻╶╎	
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			(NOTE Repote ad Age it socials	in required when not state gi ADDITIONS/CHANGE			TORS IN 12
12.	OFFICERS A	ND DIRECTORS		ADDITIONS/CHANGE			
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12. TIFLE NAME STREET ADDRESS	OFFICERS AI PCD EVANS, MICHAEL W. 1607 LAURENS RD	ND DIRECTORS	TABLE Responsed Agent septiate  13. 1 TillE  12 NAME	Director David P. Frazier 2350 Airport Free Bedford, TX 76	s to officers	AND DIRECTOR Changes	e 🙀 Addition
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14. Loo nereby certify that the information supplied with this litting is voluntarily turnshed and does not quarry for the exemption is faced in 18-0 folia, it is amust 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 frustee 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:

GNATURE AND TREED OF PRINTED NAME OF SCHILLE OFFICER OR BIRECTOR

Deytand Phone #