

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P23146

(4)

1. Corporation Name

APPLE SOUTH, INC.



Principal Place of Business

HANCOCK AT WASHINGTON ST.  
MADISON GA 30650

Mailing Address

HANCOCK AT WASHINGTON ST.  
MADISON GA 30650

3. Date Incorporated or Qualified  
02/24/1989

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2778983

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

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 607.1508, 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 printed name of

agent. Registered Agent's signature required when not state agent

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME EVANS, MICHAEL W.  
STREET ADDRESS 1807 LAURENS RD  
CITY-STATE-ZIP GREENVILLE SC ☐ DELETE

TITLE CD  
NAME DUPREE, TOM E., JR.  
STREET ADDRESS HANCOCK AT WASHINGTON  
CITY-STATE-ZIP MADISON GA ☐ DELETE

TITLE SD  
NAME MCLEOD, JOHN G., JR.  
STREET ADDRESS HANCOCK AT WASHINGTON  
CITY-STATE-ZIP MADISON GA ☐ DELETE

TITLE CFO  
NAME BOOTH, ERICH J.  
STREET ADDRESS HANCOCK AT WASHINGTON  
CITY-STATE-ZIP MADISON GA ☐ DELETE

TITLE D  
NAME WILLIAMS, THOMAS R.  
STREET ADDRESS THE WELLS GROUP AT PEACHTREE  
CITY-STATE-ZIP ATLANTA GA ☐ DELETE

TITLE D  
NAME ROWE, JAMES W.  
STREET ADDRESS THE GREAT ATLANTIC AND TEA CO.  
CITY-STATE-ZIP MONTVALE NJ ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition  
1.2 NAME David P. Frazier  
1.3 STREET ADDRESS 2350 Airport Freeway Suite 505  
1.4 CITY-STATE-ZIP Bedford, TX 76022

2.1 TITLE Director ☐ Change ☒ Addition  
2.2 NAME Marc D. Redus  
2.3 STREET ADDRESS 2350 Airport Freeway Suite 505  
2.4 CITY-STATE-ZIP Bedford, TX 76022

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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)(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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)