

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jun 11 1997 8:00am
Secretary of State

PROFIT. CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1989		3a. Date of Last Report 04/18/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2778983		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	President & Chief Operating Officer
NAME	EVANS, MICHAEL W.	1.2 NAME	S. Kirk Kinsell
STREET ADDRESS	1007 LAURENS RD	1.3 STREET ADDRESS	Hancock at Washington
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	Madison GA 30650
TITLE	CD	2.1 TITLE	Director
NAME	DUPREE, TOM E., JR	2.2 NAME	David Frazier
STREET ADDRESS	HANCOCK AT WASHINGTON	2.3 STREET ADDRESS	2350 Airport Freeway Suite 505
CITY-ST-ZIP	MADISON GA	2.4 CITY-ST-ZIP	Bedford TX 76022
TITLE	SD	3.1 TITLE	
NAME	MCLEOD, JOHN G., JR.	3.2 NAME	
STREET ADDRESS	HANCOCK AT WASHINGTON	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON GA	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	Director
NAME	BOOTH, ERICH J.	4.2 NAME	Booth, Erich J
STREET ADDRESS	HANCOCK AT WASHINGTON	4.3 STREET ADDRESS	Hancock at Washington
CITY-ST-ZIP	MADISON GA	4.4 CITY-ST-ZIP	Madison
TITLE	D	5.1 TITLE	
NAME	WILLIAMS, THOMAS R.	5.2 NAME	
STREET ADDRESS	THE WELLS GROUP AT PEACHTREE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROWE, JAMES W.	6.2 NAME	
STREET ADDRESS	THE GREAT ATLANTIC AND TEA CO.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 as an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)