

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/24/1989**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCOO** ☐ DELETE

NAME **KINSELL, KIRK S**  
STREET ADDRESS **HANCOCK AT WASHINGTON**  
CITY-ST-ZIP **MADISON GA**

1.1 TITLE **Dr. Ruth G. Shaw** ☐ Change ☒ Addition

1.2 NAME **Director**  
1.3 STREET ADDRESS **Hancock at Washington**  
1.4 CITY-ST-ZIP **Madison GA 30650**

TITLE **CD** ☐ DELETE

NAME **DUPREE, TOM E., JR**  
STREET ADDRESS **HANCOCK AT WASHINGTON**  
CITY-ST-ZIP **MADISON GA**

2.1 TITLE **VP, Corporate Controller** ☐ Change ☒ Addition

2.2 NAME **Philip A. Ammons**  
2.3 STREET ADDRESS **Hancock at Washington**  
2.4 CITY-ST-ZIP **Madison GA 30650**

TITLE **SD** ☐ DELETE

NAME **MCLEOD, JOHN G., JR.**  
STREET ADDRESS **HANCOCK AT WASHINGTON**  
CITY-ST-ZIP **MADISON GA**

3.1 TITLE **Asst. Corp. Sec** ☐ Change ☒ Addition

3.2 NAME **Tonya A. Benjamin**  
3.3 STREET ADDRESS **Hancock at Washington**  
3.4 CITY-ST-ZIP **Madison GA 30650**

TITLE **D** ☐ DELETE

NAME **BOOTH, ERICH J.**  
STREET ADDRESS **HANCOCK AT WASHINGTON**  
CITY-ST-ZIP **MADISON GA**

4.1 TITLE **VP of Treasury Services** ☐ Change ☒ Addition

4.2 NAME **Lansing S. Patterson**  
4.3 STREET ADDRESS **Hancock at Washington**  
4.4 CITY-ST-ZIP **Madison GA 30650**

TITLE **D** ☐ DELETE

NAME **WILLIAMS, THOMAS R.**  
STREET ADDRESS **THE WELLS GROUP AT PEACHTREE**  
CITY-ST-ZIP **ATLANTA GA**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **ROWE, JAMES W.**  
STREET ADDRESS **THE GREAT ATLANTIC AND TEA CO.**  
CITY-ST-ZIP **MONTVALE NJ**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED

FILED  
Sep 09 1998 8:00am  
Secretary of State



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