

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

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Jan 29 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 # **P30237** (2)

1. Corporation Name
O'CHARLEY'S INC.



Principal Place of Business O'CHARLEY'S INC. 3038 SIDCO DRIVE NASHVILLE TN 37204 US	Mailing Address O'CHARLEY'S INC. 3038 SIDCO DRIVE NASHVILLE TN 37204-4506 US
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3. Date Incorporated or Qualified **07/23/1990** 3a. Date of Last Report **03/19/1996**

2. Principal Place of Business 21 Suite Apt # etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite Apt #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number **62-1192475** 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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BURNS, GREGORY L 3038 SIDCO DR. NASHVILLE TN <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MCWHORTER, CHARLES F JR. 3038 SIDCO DR NASHVILLE TN <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FITZHUGH, A. CHADWELL 3038 SIDCO DR. NASHVILLE TN 37204 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACHTEL, DAVID K 1828 LONG HOLLOW RK. GALLATIN TN <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, JOHN W., JR. 50 FRONT ST., 21ST FL MEMPHIS TN <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISS, RICHARD, JR. 1114 AVE. OF AMERICAS NEW YORK NY <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CEO/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BURNS, Gregory L 3038 Sidco Dr Nashville, TN
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Sr.VP Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven J. Hislop 3038 Sidco Dr. Nashville, TN 37204
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CFO/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FITZHUGH, A. Chad 3038 Sidco Dr Nashville, TN 37204
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE: *Chad Fitzhugh* 1-17-97 (615) 256-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)