## FILE NOV: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P30237

O'CHARLEY'S INC.

Principal Place	e of Business	Mailing Address				- E 100 1100 1100 1111 06110 11000 11	IIS IMBI ARBIY BIRSI QIQIC QIY	NE MINEL MINIT ENTI
O'CHARLEY'S INC.		O'CHARLEY'S INC.						
3038 SIDCO DRIVE		3038 SIDCO DRIVE NASHVILLE TN 37204			DO NOT WRITE IN THIS SPACE			
NASHVILLE TN 37204 US		US			3. Date Incorporated or Qualifed			
	· ·					07/23/1990		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				62-1192475		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	1 1	5 Additional
22		27				3. Continuate of Claude Desired	Fee	Required
City & Stat	le	City & State				6. Election Campaign Financing		May Be
23	0	28	0			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip		intry		This corporation owes the curre     Personal Property Tax.	ent year Intangible Yes	□No
24	9. Name and Address of Curre	29 29 Agent	30	Г		10. Name and Address of New R		
	5. Name and Address of Confe			81	Name	10. 1101110 0110 1101100		
CT (	CORPORATION SYSTEM							
1200	O S. PINE ISLAND ROAD			82	Street Addre	ess (P.O. Box Number is Not Accepta	ide)	
PLÁI	NTATION FL 33324			83				
				84	City	설 (15 2 F 2 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	10 16 25 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	p Code
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office or r	registered agent or both in the State	e of Florida. Such change w	vas authorized	bove-r	named corpo	pration submits this statement for the n's board of directors. I hereby accep	purpose of changing t the appointment as	its registered registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida: Such change w pations of⊱Section 607.0505	vas authorized	bove-r	named corpo ne corporation	oration submits this statement for the n's board of directors. I hereby accep	purpose of changing of the appointment as	its registered registered
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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, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90039 046 \*\*\*150.00