

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P32546 (4)

1. Corporation Name

FAZOLI'S RESTAURANTS, INC.

Principal Place of Business

2470 PALUMBO DRIVE
LEXINGTON KY 40509-1117

Mailing Address

2470 PALUMBO DRIVE
LEXINGTON KY 40509-1117



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

30

9. Name and Address of Current Registered Agent

GRAY, N. DWAYNE, JR.
201 SOUTH ORANGE AVENUE, SUITE 1060
ORLANDO FL 32801

3. Date Incorporated or Qualified

01/22/1991

3a. Date of Last Report

04/13/1995

4. FEI Number

61-1180070

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
LALY, THOMAS P.
2470 PALUMBO DRIVE
LEXINGTON KY 40509-1117

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
KOCH, JAMES F.
2470 PALUMBO DRIVE
LEXINGTON KY 40509-1117

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STD
GAINES, LISA B.
2470 PALUMBO DRIVE
LEXINGTON KY 40509-1117

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT
KUNI TOYODA
2470 PALUMBO DRIVE
LEXINGTON, KY 40509-1117

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SECRETARY
RACHEL D. MULLINAX
2470 PALUMBO DRIVE
LEXINGTON, KY 40509-1117

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ASSISTANT SECRETARY
LORI MOSSER
2470 PALUMBO DRIVE
LEXINGTON, KY 40509-1117

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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:

LISA B. GAINES, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(606) 268-1668

Date

Daytime Phone #

CR2E034 (12/95)