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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P35241

(9)

DOCUMENT # 1. Corporation Name	P35241	(9
KENTUCKY FRIED	CHICKEN OF CALIFORNIA	A. INC.

Discissi Olympia	10						
Principal Place of Business Mailing Address							
1441 GARDIN Louisville i		1441 GARDINER LANI Louisville Ky 40213	_				
					3. Date Incorporated or Qualified 08/26/1991	3a. Date of Last Repo 05/01/1995	rt
2. Principal Pla	ace of Business	2a. Mailing Address			4. FFI Number	Арр	olied For
Suite, Apt. #	l ata	26			95-3674560		Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	□ \$5.00 N Added to	
Zip 24]	Country 25	Zip [29]	Country 30	f	8. This corporation has liability for Florida Statutes	rintangible tax under si 199 si ∐No	9.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered Agent	
			81	Name			
	PORATION SYSTEM		82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
	PINE ISLAND ROAD						
PLANTA	TION FL 33324		83				
			84	City		FL 85 Zip Co	ode
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec)2 and 607,1508, Florida Statut rida, Such change was authori, ction 607,0505, Florida Statute	tes, the above- red by the corps	named corpo loration's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its registored agr	stered office ent. I am
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,		• •				
	Signature, typed or printed hallio of registered agus	nl and tire Capplicable (No	OTH: Registered Age	nt signature requir	ed when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS	IN 12
TITLE	PD	DELETE	1, 1 TITLE			Change [] Addition
NAME	DAVID, C. N		1.2 NAME]	DAVID C. NOVAK		
STREET ADDRESS	1441 GARDINER LANE		1.3 STREE	ADDRESS			
CITY-ST-ZIP	LOUISVILLE KY		1.4 CITY-	31-21P			
TITLE	\$ ************************************	☐ DELETE	2. 1 TITLE			Change	Addition
NAME	TOOP, R. SCOTT		2.2 NAME				
STREET ADDRESS	1441 GARDINER LANE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	LOUISVILLE KY	F DELET	24 CITY - S	11 - ZIP			
TITLE	CALINE FOLINET	DELETE	3 1 THILE			Change	Addition
NAME	CAHILL, JOHN T		3.2 NAME				
STREET ADDRESS	1441 GARDINER LANE LOUISVILLE KY			f Address			
CITY-ST-ZIP	V	— Dutte	3.4 C(TY-5	1 - ZiP			
TITLE	JERALD, D M	☐ DELETE	4. 1 1 TLE			Change [Add tion
NAMÉ OZDEST LEDDESOS			4.2 NAME				
STREET ADDRESS	1441 GARDINER LANE LOUISVILLE KY		4.3 STREET				
CITY - ST - ZIP TITLE	AT	DELETE	4.4 CITY - S	I - ZIF		F3 65 E	7 (440)
NAME	LEISTNER, CHERYL Z	[] out	5 1 TITLE			Change [Addition
STREET ADDRESS	1441 GARDINER LANE		5.2 NAME	ADDDECC			
	LOUISVILLE KY		5 3 STREET				
CITY-ST-ZIP TITLE	VD VD	DELFTE	5.4 City - 9	II-ZIP		C) Charta E	T Address
NAME	GILBERT, MICHAEL C.		6. 1 TITLE			Change	Addition
	1441 GARDINER LANE		6 2 NAME	400PE##			
STREET ADDRESS CITY-ST-ZIP	LOUISVILLE KY		6 3 STREET				
0111-01-115	PAGIALIFFF []]		6.4 CiTY - S	I-ZIP I			

14. If 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: Cheryl 3 Leistre CHERYL 2 LEISTNER 4/29/96

502-454-2114

Daytime Phone #