

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35241** (9)  
1. Corporation Name  
**KENTUCKY FRIED CHICKEN OF CALIFORNIA, INC.**



Principal Place of Business <b>1441 GARDINER LANE LOUISVILLE KY 40213</b>	Mailing Address <b>1441 GARDINER LANE LOUISVILLE KY 40213-1914</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/26/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>95-3674560</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>NOVAK, DAVID C.</b>	
STREET ADDRESS	<b>1441 GARDINER LANE</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TOOP, R. SCOTT</b>	
STREET ADDRESS	<b>1441 GARDINER LANE</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CAHILL, JOHN T</b>	
STREET ADDRESS	<b>1441 GARDINER LANE</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>JERALD, D M</b>	
STREET ADDRESS	<b>1441 GARDINER LANE</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>LEISTNER, CHERYL Z</b>	
STREET ADDRESS	<b>1441 GARDINER LANE</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GILBERT, MICHAEL C.</b>	
STREET ADDRESS	<b>1441 GARDINER LANE</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SANDRA WIJNBERG</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CHARLES E. RAWLEY</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>V CLAY B. SMALL</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *Cheryl Z Leistner* **CHERYL Z. LEISTNER** **4/18/97** **502-454-2184**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)