SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

12

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P37634** **(3)**

1. Corporation Name

COOKER RESTAURANT CORPORATION

Principal Place of Business	Mailing Address
1530 BETHEL ROAD COLUMBUS OH 43220	1530 BETHEL ROAD COLUMBUS OH 43220

U#27158 1230/910

2. Principal Place of Business 21 5500 Village Boulevard	2a. Mailing Address 26 P.O. Box 11448
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip / Country 24 33407 / 25 USA	Zip / Country 29 33419-1448 / 30 USA

3. Date Incorporated or Qualified 02/25/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 62-1292102	☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE _____
Signature of President or Vice President, Treasurer, Assistant Treasurer and Name of Officer (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SEELBINDER, G. ARTHUR		12 NAME	
STREET ADDRESS	1530 BETHEL ROAD		13 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	COCKBURN, GLENN W.		22 NAME	
STREET ADDRESS	1530 BETHEL ROAD		23 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH		24 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	PRITCHARD, PHILLIP L		32 NAME	
STREET ADDRESS	1530 BETHEL ROAD		33 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH		34 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	EPPERSON, MARGARET A.		42 NAME	
STREET ADDRESS	1530 BETHEL ROAD		43 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	KOLLAT, DAVID T.		52 NAME	
STREET ADDRESS	6099 RIVERSIDE DR.		53 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	HOBSON, DAVID L.		62 NAME	
STREET ADDRESS	150 N. LIMESTONE ST.,220		63 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD OH		64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P37634

COOKER RESTAURANT CORPORATION
OFFICERS AND DIRECTORS

2-2

TITLE CD
NAME SEELBINDER, G. ARTHUR
ADDRESS P.O. BOX 11448
WEST PALM BEACH, FL 33419-1448

TITLE PD
NAME PRITCHARD, PHILLIP L.
ADDRESS P.O. BOX 11448
WEST PALM BEACH, FL 33419-1448

TITLE VD
NAME COCKBURN, GLENN W.
ADDRESS P.O. BOX 11448
WEST PALM BEACH, FL 33419-1448

TITLE VP-CFO
NAME SEVIG, DAVID C.
ADDRESS P.O. BOX 11448
WEST PALM BEACH, FL 33419-1448

TITLE ST
NAME EPPERSON, MARGARET A.
ADDRESS P.O. BOX 11448
WEST PALM BEACH, FL 33419-1448

TITLE D
NAME HLLENMEYER, HENRY R.
ADDRESS P.O. BOX 11448
WEST PALM BEACH, FL 33419-1448

TITLE D
NAME HOBSON, DAVID L.
ADDRESS P.O. BOX 11448
WEST PALM BEACH, FL 33419-1448

TITLE D
NAME HOLDERMAN, ROBIN V,
ADDRESS P.O. BOX 11448
WEST PALM BEACH, FL 33419-1448

TITLE D
NAME KOLLAT,
ADDRESS P.O. BOX 11448 DAVID T.
WEST PALM BEACH, FL 33419-1448

TITLE D
NAME MADIGAN JOSEPH E.
ADDRESS P.O. BOX 11448
WEST PALM BEACH, FL 33419-1448

TITLE D
NAME MONACO, MARGARET T.
ADDRESS P.O. BOX 11448
WEST PALM BEACH, FL 33419-1448