

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

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000059651 (7)

1. Corporation Name

BIG EASY CAJUN - GEORGIA, INC.



Principal Place of Business

Mailing Address

CUMBERLAND MALL  
SUITE 1314  
ATLANTA GA 30339  
US

7411 FULLERTON STREET  
SUITE 204  
JACKSONVILLE FL 32256-3629  
US

3. Date Incorporated or Qualified  
08/12/1994

3a. Date of Last Report  
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3265042

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

DRAUGHON, RICHARD S  
200 W FORSYTH ST  
SUITE 1730  
JACKSONVILLE FL 32202

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

(Agent or type the printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	YEN, KUNG-PO	
STREET ADDRESS	200 W FORSYTH ST SUITE 1730	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	YEN, KUNG-TI	
STREET ADDRESS	200 W FORSYTH ST., STE 1730	
CITY - ST - ZIP	JACKSONVILLE FL 32202	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	YEB, KUNG-PO	
STREET ADDRESS	200 W. FORSYTH ST., STE. 1730	
CITY - ST - ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<del>YEN, KUNG-PO</del> YEN, KUNG-PO	
1.3 STREET ADDRESS	10300 SOUTHSIDE BLVD #305	
1.4 CITY - ST - ZIP	JACKSONVILLE FL 32256	
2.1 TITLE	D, V, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YEN, KUNG-TI	
2.3 STREET ADDRESS	10300 SOUTHSIDE BLVD #305	
2.4 CITY - ST - ZIP	JACKSONVILLE FL 32256	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/96

904/363-0300

CR2E034 (9/96)