

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000003626 (5)

1. Corporation Name

CARRABBA'S ITALIAN GRILL, INC.



Principal Place of Business

Mailing Address

550 N REO ST
SUITE 204
TAMPA FL 33609

550 N REO ST
SUITE 204
TAMPA FL 33609

3. Date Incorporated or Qualified
01/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 405 N. Reo St

26 405 N. Reo St.

4. FEI Number

59-3295193

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 210

27 Ste. 210

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

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

KADOW, JOSEPH J
550 N REO ST
SUITE 204
TAMPA FL 33609

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SULLIVAN, CHRIST T
STREET ADDRESS 550 N REO ST SUITE 204
CITY- ST- ZIP TAMPA FL 33609

TITLE D ☐ DELETE

NAME BASHAM, ROBERT D
STREET ADDRESS 550 N REO ST SUITE 204
CITY- ST- ZIP TAMPA FL 33609

TITLE D ☐ DELETE

NAME GANNON, J. TIMOTHY
STREET ADDRESS 550 N REO ST SUITE 204
CITY- ST- ZIP TAMPA FL 33609

TITLE D ☐ DELETE

NAME MERRITT, ROBERT S
STREET ADDRESS 550 NORTH REO STREET SUITE 20
CITY- ST- ZIP TAMPA FL 33609

TITLE D ☐ DELETE

NAME SAHLSTEN, CARL
STREET ADDRESS 550 NORTH REO STREET SUITE 204
CITY- ST- ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)