

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**

96 JAN 24 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000025580 (8)**

1. Corporation Name:

**DARDEN RESTAURANTS, INC.**



Principal Place of Business:

5900 LAKE ELLENOR DR.  
ORLANDO FL 32809

Mailing Address:

5900 LAKE ELLENOR DR.  
ORLANDO FL 32809

3. Date Incorporated or Qualified <b>03/30/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3305930</b>	Applied For Not Applicable
5. Certificate of Status Desired <b>X(6)</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business:

2a. Mailing Address:

21 | State, Apt. #, etc.

26 | Suite, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip | Country

28 | Zip | Country

24 | 25 |

29 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 PINE ISLAND RD.  
PLANTATION FL 33324

81   Name	
82   Street Address (P.O. Box Number is Not Allowed)	<b>700001701527</b>
83	<b>-01/30/96--01094--001</b>
84   City	<b>***243.75 ***243.75</b>
	<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 the legal date

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>CEO, Chairman of the Board</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, JOE R</b>	12 NAME	<b>Director</b>
STREET ADDRESS	<b>5900 LAKE ELLENOR DR.</b>	13 STREET ADDRESS	
CITY-STATE-ZIP	<b>ORLANDO FL 32809</b>	14 CITY-STATE-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Senior V.P./Finance</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAGRUDER, RONALD N</b>	2.2 NAME	<b>James D. Smith</b>
STREET ADDRESS	<b>5900 LAKE ELLENOR DR.</b>	2.3 STREET ADDRESS	<b>5900 Lake Ellenor Drive</b>
CITY-STATE-ZIP	<b>ORLANDO FL 32809</b>	2.4 CITY-STATE-ZIP	<b>Orlando, FL 32809</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>President/Chief Operating Officer/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'HARA, JEFFREY J</b>	3.2 NAME	
STREET ADDRESS	<b>5900 LAKE ELLENOR DR.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ORLANDO FL 32809</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Executive V.P./Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWEATT, BLAINE</b>	4.2 NAME	<b>Blaine Sweatt, III</b>
STREET ADDRESS	<b>5900 LAKE ELLENOR DR.</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ORLANDO FL 32809</b>	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>Sr. V.P./General Counsel/ Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Clifford L. Whitehill</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>5900 Lake Ellenor Drive, Orlando, FL 32809</b>
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>Sr. V.P./Corporate Relations</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Richard J. Walsh</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>5900 Lake Ellenor Drive</b>
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	<b>Orlando, FL 32809</b>

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)(f), 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

1-23-96

Date

407-245-4000

Daytime Phone #

CR2E034 (12/95)

CH