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FILED

**Feb 14 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 # 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 32809-4634**

3. Date Incorporated or Qualified: **03/30/1995**
3a. Date of Last Report: **01/24/1996**
4. FEI Number: **59-3305930**
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	CD	<input type="checkbox"/>
NAME	LEE, JOE R	
STREET ADDRESS	5900 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	SV	<input type="checkbox"/>
NAME	SMITHDER, JAMES D	
STREET ADDRESS	5900 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	PD	<input type="checkbox"/>
NAME	O'HARA, JEFFREY J	
STREET ADDRESS	5900 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	EVD	<input type="checkbox"/>
NAME	SWEATT, BLAINE	
STREET ADDRESS	5900 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VS	<input type="checkbox"/>
NAME	WHITEHILL, CLIFFORD L	
STREET ADDRESS	5900 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	SV	<input type="checkbox"/>
NAME	WALSH, RICHARD J	
STREET ADDRESS	5900 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Smith, James D.		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Clifford L. Whitehill* **Clifford L. Whitehill** 1/24/97 407-245-5584
Date: _____ Daytime Phone: _____

CR2E034 (9/96)