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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000025580**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/30/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3305930	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOE R	1.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES D	2.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAISANT, ROBERT F.	3.2 NAME	
STREET ADDRESS	6100 LAKE ELLENOR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	3.4 CITY-ST-ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEATT, BLAINE	4.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHILL, CLIFFORD L	5.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	5.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, RICHARD J	6.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Robert F. Faisant* Robert F. Faisant 2/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)