

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -4 PM 3:16

DOCUMENT # **P95000037533 (3)**

1. Corporation Name

OUTBACK STEAKHOUSE INTERNATIONAL, INC.



BK 2/4/97

Principal Place of Business

**550 NORTH REO STREET, SUITE 200
TAMPA FL 33609**

Mailing Address

**550 NORTH REO STREET, SUITE 200
TAMPA FL 33609-1061**

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

03/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

**KADOW, JOSEPH J
550 NORTH REO STREET, SUITE 200
TAMPA FL 33609**

4. FEI Number

59-3308620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C, D

SULLIVAN, CHRIS T

**550 NORTH REO STREET, SUITE 200
TAMPA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P, D

BASHAM, ROBERT D

**550 NORTH REO STREET, SUITE 200
TAMPA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SRVP, D

GANNON, TIMOTHY J

**550 NORTH REO STREET, SUITE 200
TAMPA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SVPT, D

MERRITT, ROBERT S

**550 NORTH REO STREET, SUITE 200
TAMPA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

KADOW, JOSEPH

**550 NORTH REO STREET #200
TAMPA FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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.

CR2E034 (9/96)