

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 28 PM 2: 36

DOCUMENT # P95000052154 (8)

1. Corporation Name

OUTBACK STEAKHOUSE PARTNERS, INC.



NYK 1/28/97

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

04/01/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

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 CD ☐ DELETE

NAME SULLIVAN, CHRIS T
STREET ADDRESS 550 NORTH REO STREET, SUITE 200
CITY- ST- ZIP TAMPA FL 33609

TITLE PD ☐ DELETE

NAME BASHAM, ROBERT D
STREET ADDRESS 550 NORTH REO STREET, SUITE 200
CITY- ST- ZIP TAMPA FL 33609

TITLE VD ☐ DELETE

NAME GANNON, TIMOTHY J
STREET ADDRESS 550 NORTH REO STREET, SUITE 200
CITY- ST- ZIP TAMPA FL 33609

TITLE VTD ☐ DELETE

NAME MERRITT, ROBERT S
STREET ADDRESS 550 NORTH REO STREET, SUITE 200
CITY- ST- ZIP TAMPA FL 33609

TITLE S ☐ DELETE

NAME KADOW, JOSEPH J
STREET ADDRESS 550 NORTH REO STREET, SUITE 200
CITY- ST- ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

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:

Joseph J. Kadow

1/22/97

813-282-1225

CR2E034 (9/96)