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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000062770 (9)

1. Corporation Name
PERDIDO RESTAURANTS CORPORATION

Principal Place of Business

~~5501 ANDREW RD~~
~~MOBILE AL 36619~~

Mailing Address

~~P.O. BOX 100000~~
~~MOBILE AL 36619~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

~~85-0001425~~ 59-3332894

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3600 Springhill Business Park
Suite, Apt. #, etc.

22 Suite 200

23 Mobile AL

24 36608

25 Mobile

2a. Mailing Address

26 3600 Springhill Business Park
Suite, Apt. #, etc.

27 Suite 200

28 Mobile AL

29 36608

30 Mobile

9. Name and Address of Current Registered Agent

EVANS, MURRY J
4900 MANATEE AVENUE WEST
SUITE 201
BRADENTON FL 34209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
EVANS, MURRY J
5501 ANDREW RD
MOBILE AL 36619

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PS
BURKE, TED
5501 ANDREW RD
MOBILE AL 36619

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HARTMAN, JAMES W III
5501 ANDREW RD
MOBILE AL 36619

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
3600 Springhill Business Park Suite 200
Mobile, AL 36608

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3600 Springhill Business Park Suite 200
Mobile, AL 36608

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
3600 Springhill Business Park Suite 200
Mobile, AL 36608

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

James W. Hartman, III

James W. Hartman, III
VP-Finance

11-22-98 (334) 245-7900

CR2E034 (10/97)