

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

**FILED**  
**Feb 01, 1999 8:00am**  
**Secretary of State**

02-01-1999 90039 046 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

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



**DOCUMENT # P30237**

1. Corporation Name  
**O'CHARLEY'S INC.**

Principal Place of Business

O'CHARLEY'S INC.  
 3038 SIDCO DRIVE  
 NASHVILLE TN 37204  
 US

Mailing Address

O'CHARLEY'S INC.  
 3038 SIDCO DRIVE  
 NASHVILLE TN 37204  
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/23/1990

4. FEI Number

62-1192475

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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  DELETE

NAME  
 CEOP  
 BURNS, GREGORY L  
 STREET ADDRESS  
 3038 SIDCO DR.  
 CITY-ST-ZIP  
 NASHVILLE TN

TITLE  DELETE

NAME  
 VP  
 HISLOP, STEVEN J.  
 STREET ADDRESS  
 3038 SIDCO DR  
 CITY-ST-ZIP  
 NASHVILLE TN

TITLE  DELETE

NAME  
 CFOS  
 FITZHUGH, A. CHADWELL  
 STREET ADDRESS  
 3038 SIDCO DR.  
 CITY-ST-ZIP  
 NASHVILLE TN

TITLE  DELETE

NAME  
 D  
 STOKES, JOHN W., JR.  
 STREET ADDRESS  
 50 FRONT ST., 21ST FL  
 CITY-ST-ZIP  
 MEMPHIS TN

TITLE  DELETE

NAME  
 D  
 REISS, RICHARD, JR.  
 STREET ADDRESS  
 1114 AVE. OF AMERICAS  
 CITY-ST-ZIP  
 NEW YORK NY

TITLE  DELETE

NAME  
 D  
 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  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Richard Reiss* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99 (615) 256-8500

CR2E034 (11/98)