

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 330012 (6)

1. Corporation Name

LOS PANCHO'S RESTAURANT, INC.

Principal Place of Business

#10 AMBERJACK DRIVE
P.O. BOX 1234
FORT WALTON FL 32549-1234

Mailing Address

#10 AMBERJACK DRIVE
P.O. BOX 1234
FORT WALTON FL 32549-1234

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25	Country	30	Country

9. Name and Address of Current Registered Agent

GONZALES, JAMES
#10 AMBERJACK DR.
P.O. BOX 1234
FT WALTON FL 32548

3. Date Incorporated or Qualified	3a. Date of Last Report
05/14/1968	04/20/1995
4. FID Number	Applied For
59-1222550	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	

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(6), 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 will be administered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.06(2) and 607.15(6), Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the person authorized to execute this statement

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ DELETE		☐ Change ☐ Addition
1. TITLE		1.1 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
1. TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
1. TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
1. TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
1. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
1. TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this report is voluntary, true, and does not qualify for the exemption stated in Section 199.04(3)(k), Florida Statutes. I further certify that the information included 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 person 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. I am not a shareholder with an address.

SIGNATURE: *Jim Gonzales* JIM GONZALES
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-1996 904 2435-038
Date: State:

CR2E034 (12/95)