

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

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90053 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # J10578

1. Corporation Name  
RUSTY'S OF ESCAMBIA COUNTY, INC.

Principal Place of Business  
10010 SINTON DR  
PENSACOLA FL 32507

Mailing Address  
10010 SINTON DR  
PENSACOLA FL 32507



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/17/1986

4. FEI Number  
59-2687857

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

2. Principal Place of Business  
21 10020 SINTON DR

2a. Mailing Address  
26 10020 SINTON DR

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23

City & State  
28

Zip  
24

Zip  
29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTON, GARRETT W.  
30 S SPRING ST  
PO DRAWER 1271  
PENSACOLA FL 32596

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
FERAN, PAUL M.  
1091 NELLE AVE  
PENSACOLA FL 32507

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☒ Change ☐ Addition  
10020 SINTON DR

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
FERAN, LOUELLA  
1091 NELLE AVE  
PENSACOLA FL 32507

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☒ Change ☐ Addition  
10020 SINTON DR

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
FERAN, ELIZABETH  
1821 FOXBRIAR DRIVE  
PENSACOLA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
FERAN, JOHN  
10010 SINTON DR  
PENSACOLA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Paul M. Feran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Paul M. Feran

3-29-99 850-492-5337  
Date Daytime Phone #

CR2E034 (1/98)