

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Donna B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042779 (7)

1. Corporation Name

ELLSWORTH RESTAURANTS CORP.

Principal Place of Business

620 E NINE MILE RD
PENSACOLA FL 32514
US

Mailing Address

620 E NINE MILE RD
PENSACOLA FL 32514
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

03/22/1994

4. FEI Number

59-3186156

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. 100.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MORIARTY, MICHAEL P
3298 SUMMIT BLVD
SUITE 29
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

Linda Siders

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

4300 Bayou Blvd Suite 3

83

84 City

Pensacola

85 FL

86 Zip Code

32503

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

Linda Siders

(NOTE: Registered Agent signature required when reinstating)

3/16/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ELLSWORTH, WILLIAM A
STREET ADDRESS	620 NINE MILE RD
CITY - ST - ZIP	PENSACOLA FL
TITLE	DV
NAME	HADLEY, MICHAEL I
STREET ADDRESS	620 E NINE MILE RD
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	☒ Change ☐ Addition
2.2 NAME	DV PRETHIE A. ELLSWORTH
2.3 STREET ADDRESS	620 E. NINE MILE RD.
2.4 CITY - ST - ZIP	PENSACOLA, FL 32514
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

William A. Ellsworth

William A. Ellsworth

3-22-95

(904) 477-5667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number