

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/14/1993 05/01/94

3a. Date of Last Report

05/01/1995

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. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SIDERS, LINDA  
4300 BAYOU BLVD  
SUITE 3  
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

A. Haniel Edwards, C.P.A.

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

600 University Office Bldg

83 Suite

Suite 14-C

84 City

Pensacola

FL

85 Zip Code

32524

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

A. Haniel Edwards, C.P.A.

(Print Name of Agent Signature to appear when re-stated)

3/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME ELLSWORTH, WILLIAM A  
STREET ADDRESS 620 NINE MILE RD  
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE DV  
NAME ELLSWORTH, PRETSHE A  
STREET ADDRESS 620 E NINE MILE RD  
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

☐ Change ☐ Addition

2. TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 recorder or trustee employee of the corporation, and that I am not qualified 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William A Ellsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

Date

904-491-8667

Telephone Number

CR2E034 (12/95)