

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:53

DOCUMENT # **S18777** (0)
1. Corporation Name
CORDOVA CANTINA, CORP.

Principal Place of Business Mailing Address
P O BOX 12346 **P O BOX 12346**
PENSACOLA FL 32581 **PENSACOLA FL 32581**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1990		3a. Date of Last Report 01/25/1994	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3037909		Applied For ☐ Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

BRADY, THOMAS M.
601 S. PALAFOX ST.
PENSACOLA FL 32501

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, WILLIAM A.	1.2 NAME	
STREET ADDRESS	411 SUNSET BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE, FL 32561	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	REEVES, JAMES J.	2.2 NAME	
STREET ADDRESS	730 BAYFRONT PARKWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, WILLIAM M.	3.2 NAME	
STREET ADDRESS	102 MATAMORAS	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA BCH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BOOTHE, ROBERT E. JR.	4.2 NAME	
STREET ADDRESS	9300 NEUMANN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ELBERTA AL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITESSELL, W. K.	5.2 NAME	
STREET ADDRESS	415 N. SUNSET BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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. Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William A. Hunt

1-30-95 *477-0588*
Date Signature