

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S54310 (5)

1. Corporation Name

CANCUN CANTINA, INC.

Principal Place of Business

**17501 BACK BCH RD
PANAMA CITY BCH FL 32413
US**

Mailing Address

**17501 BACK BCH RD
PANAMA CITY BCH FL 32413
US**

FILED

95 AUG -8 AM 10: 09

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/20/1991** 3a. Date of Last Report **04/11/1994**

4. FEI Number **62-1471889** 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**TRAPPE, STAN
230 MCKENZIE AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name **Padgett Business Svc. P.O. Box 71A**
82 Street Address (P.O. Box Number is Not Acceptable)
17200 Back Beach Rd
83
84 City **Panama City Beach FL** **85** Zip Code **32413**

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 *Sharon Kelley* *Volunteer*

8/4/95

12. OFFICERS AND DIRECTORS

1 TITLE **D**
NAME **KELLEY, SHARON**
STREET ADDRESS **RUCKER BLVD 13 MORGAN MA**
CITY - ST - ZIP **ENTERPRISE AL**

2 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1.1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 and intend 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 my address.

SIGNATURE: *Sharon Kelley, Pres.*
SIGNATURE AND FULL PRINTED NAME OF DIRECTOR OR OFFICER OR TRUSTEE

8/3/95 (904) 230-0773