

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90175 010 ***150.00

DOCUMENT # J23221

1. Corporation Name

FLORIDA SPORTS PARK, INC.

Principal Place of Business

4750 ISLE OF CAPRI RD
NAPLES FL 34113
US

Mailing Address

BOX 990010
NAPLES FL 34116
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1986

4. FEI Number

65-0186594

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

9. Name and Address of Current Registered Agent

CANNON, THOMAS
5089 E. TAMiami TRAIL
NAPLES FL 34113

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 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 VP ☐ DELETE

NAME LAMBLEY, JOHN
STREET ADDRESS 206 PALMETTO DRIVE
CITY-ST-ZIP NAPLES FL 34113

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME ASHLEY, REX
STREET ADDRESS 6100 TRAIL BLVD.
CITY-ST-ZIP NAPLES FL 34104

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE P ☐ DELETE

NAME COLETTA, JAMES
STREET ADDRESS 1660 40TH TERRACE S.W.
CITY-ST-ZIP NAPLES FL 34116

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME CANNON, THOMAS
STREET ADDRESS 5087 E. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34113

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

NAME CONNOLLY, TOM
STREET ADDRESS 995 SECOND AVE N
CITY-ST-ZIP NAPLES FL 34104

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas Cannon - Treasurer 4-28-99 411-174-3712

CR2E034 (11/98)