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 MAY 25 PM 12:02

DOCUMENT # **P94000016458 (9)**

1. Corporation Name
THE GOLD CHIP, INC.

Principal Place of Business	Mailing Address
3700 BELLE VISTA DR ST PETERSBURG FL 33706	3700 BELLE VISTA DR ST PETERSBURG FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 8000 West Gulf Blvd. Treasure Island FL 33706
2a. Mailing Address 26: Same
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24 / Country 25
Zip 29 / Country 30

4. FEI Number: 59-3241092 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WENDRICKS, ANNE C
3700 BELLE VISTA DR
ST PETERSBURG FL 33706

10. Name and Address of New Registered Agent

81 Name: Costanza, Kim R
82 Street Address (P.O. Box Number is Not Acceptable): 109 8th Ave
83:
84 City: Pass-A-Grille FL 85 Zip Code: 33706

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] DATE: 5-1-95
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	Delete	☑ Change ☐ Addition
NAME	WENDRICKS, ANNE C	12 NAME		
STREET ADDRESS	3700 BELLE VISTA DR	13 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33706	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	Delete	☑ Change ☐ Addition
NAME	WOODY, LINDA C	22 NAME		
STREET ADDRESS	3700 BELLE VISTA DR	23 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33706	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	COSTANZA, KIM R	32 NAME		
STREET ADDRESS	109 8TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	PASS-A-GRILLE FL 33706	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	DEMPSEY, ROSEMAY J	42 NAME		
STREET ADDRESS	109 8TH AVE	43 STREET ADDRESS		
CITY-ST-ZIP	PASS-A-GRILLE FL 33706	44 CITY-ST-ZIP		
TITLE	Robert Rose - President	51 TITLE		☐ Change ☒ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 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.

SIGNATURE: [signature] - Kim Costanza Vice-President 5/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 813 367-1724

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