## . 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

## DOCUMENT # J28679 1. Corporation Name

RIVER LANES OF TITUSVILLE, INC.

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90054 031 \*\*\*150.00

Principal Plac	e of Business	Mailing Address			,		
RIVER LANES		800 CHENEY HWY.					
BOO CHENEY HIGHWAY TITUSVILLE FL 32780							
TITUSVILLE FL :	32780				DO NOT WRITE IN THIS SPACE		
J\$					3. Date Incorporated or Qualifed		
					08/14/1986		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2708679	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	75 Additional	
22	•	27			5. Certifcate of Status Desired L	ee Required	
City & Sta	te	City & State			6. Election Campaign Financing 55	.00 May Be	
23	28					ided to Fees	
Zip			Count	Country 8. This corporation owes the current year Intangible			
_	25		30		Personal Property Tax.		
24	9. Name and Address of Curre		<del> </del>		10. Name and Address of New Registered Agent		
	5. Natite and Address of Curr	elic Hodistores Agent	- 8	1 Nam			
HINT	z, earl e., jr.						
800 CHENEY HWY.			8	32 Street Address (P.O. Box Number is Not Acceptable)			
	SVILLE FL 32780		83				
11108	SVILLE PL 32/00		8	3			
			5	4 City	85	Zip Code	
				'	FL od corporation submits this statement for the purpose of changi		
SIGNATURE	am familiar with, and accept the oblig				re required when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	E		ange	
NAME	HINTZ, EARL E., JR.		1.2 NAM	E			
	6050 RANCHWOOD DR.			ET ADDRES	88		
1	COCOA FL			-ST-ZIP		ļ	
CITY-ST-ZIP	e		2.1 TITL		Псн	ange	
TITLE	UNITY CUIDLEY					_	
NAME	HINTZ, SHIRLEY		2.2 NAM			ļ	
STREET ADDRESS				EET ADDRES	SS		
CITY-ST-ZIP	COCOA FL		-	(-ST-ZIP		ange Addition	
TITLE	1	C OELETE	3.1 TITU	Ē	☐ Ch	ange Addition (	
NAME			3.2 NAM	E			
STREET ADDRESS	3		3.3 STRI	EET ADDRES	ss		
CITY-ST-ZIP			3.4, CIT	/-ST-ZIP			
TITLE	1	☐ DELETE	4.1 TITLI	E		ange	
NAME.			4. 2 NAM	Œ		ļ	
STREET ADORESS			4.3 STR	EET ADDRES	ss		
CITY-ST-ZIP	1		4.4 CiTY	-ST-ZIP			
TITLE		DELETE	5.1 TITLI		□ cr	ange Addition	
NAME		_	5.2 NAM				
	.)			EET ADDRES	ss		
STREET ADDRESS	<sup>2</sup>		1	-ST-ZIP			
CITY-ST-ZIP			6.1 TITL		□ Cł	nange [] Addition	
TITLE		[] ACTELE	6.2 NAM			ا العدد الله العدد الع	
NAME							
STREET ADDRESS	<b>S</b>			EET ADDRES	22		
CITY-ST-ZIP			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:** 

CITY-ST-ZIP