

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0084957

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **150819**
1. Corporation Name

(1)

ROYAL AMERICAN SHOWS, INC.



Principal Place of Business

**9500 N TRASK
P O BOX 18265
TAMPA FL 33624
US**

Mailing Address

**GUIDA & JIMENEZ PA
1308 W SLUGH AVE STE B
TAMPA FL 33604
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1947

4. FEI Number

59-0567023

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JIMENEZ, JAMES A
1308 W SLUGH AVE
SUITE B
TAMPA FL 33604**

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

TITLE **DVS** ☒ DELETE

NAME **SEDL MAYR, MICHAEL S.**

STREET ADDRESS **9500 N TRASK**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **PO** ☐ DELETE

NAME **SEDL MAYR, C. J., JR.**

STREET ADDRESS **9500 N TRASK**
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE

NAME **SEDL MAYR, EGLE**

STREET ADDRESS **9500 TRASK**
CITY-ST-ZIP **TAMPA FL**

TITLE **DV** ☒ DELETE

NAME **WHIDDEN, DENNIS**

STREET ADDRESS **9500 N TRASK**
CITY-ST-ZIP **TAMPA FL**

TITLE **DSV** ☐ DELETE

NAME **SEDL MEYR, ANN**

STREET ADDRESS **9500 N TRASK**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE:

Eagle Sedlmayr

July 31, 1998 813-933-2931

CR2E034 (5/98)