

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **212862** (7)

1. Corporation Name

PLAZA LANES INC



Principal Place of Business

**6825 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

Mailing Address

**6825 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

3. Date Incorporated or Qualified
06/10/1958

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-0838801

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOLLOY, MELISSA J.
6825 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

81 Name

MICHAEL K. RICHARD

82 Street Address (P.O. Box Number is Not Acceptable)

6825 ARLINGTON EXPRESSWAY

83

84 City

JACKSONVILLE

FL

85 Zip Code
32211

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 *Michael K. Richard*

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 | <input type="checkbox"/> DELETE |
| NAME | P ETTLINGER, ARTHUR |
| STREET ADDRESS | 914 RIO ST. JOHNS |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | V ETTLINGER, MARGARET L. |
| STREET ADDRESS | 914 RIO ST. JOHNS |
| CITY - ST - ZIP | JACKSONVILLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. 2 NAME | |
| 1. 3 STREET ADDRESS | |
| 1. 4 CITY - ST - ZIP | |
| 2. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. 2 NAME | |
| 2. 3 STREET ADDRESS | |
| 2. 4 CITY - ST - ZIP | |
| 3. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. 2 NAME | |
| 3. 3 STREET ADDRESS | |
| 3. 4 CITY - ST - ZIP | |
| 4. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. 2 NAME | |
| 4. 3 STREET ADDRESS | |
| 4. 4 CITY - ST - ZIP | |
| 5. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. 2 NAME | |
| 5. 3 STREET ADDRESS | |
| 5. 4 CITY - ST - ZIP | |
| 6. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. 2 NAME | |
| 6. 3 STREET ADDRESS | |
| 6. 4 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)(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 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:

Arthur Ettlinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/96 **904) 641-3133**
Daytime Phone #

CR2E034 (12/95)