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

APPROVED AND FILED
95 APR 25 AM 10: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **288760** **(2)**

1. Corporation Name
RESORT AMUSEMENTS COMPANY

Principal Place of Business	Mailing Address
~~9519 W ALTERNATE HWY 98~~ ~~P.O. BOX 9438~~ ~~PANAMA CITY BEACH FL 32417-9438~~	~~9519 W ALTERNATE HWY 98~~ ~~P.O. BOX 9438~~ ~~PANAMA CITY BEACH FL 32417-9438~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1965	3a. Date of Last Report: 04/22/1994
2. Principal Place of Business (21): 9519 Front Beach Road	2a. Mailing Address (26): P. O. Box 9438
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): Panama City Beach, FL	City & State (28): Panama City Beach, FL
Zip (24): 32407 Country (25): USA	Zip (29): 32417-9438 Country (30): USA
4. FEI Number: 59-1098354	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 § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

~~PRESTON, RALPH, ANDREW~~
~~6908 N LAGOON DR., APT. 9~~
~~PANAMA CITY BEACH FL 32408~~

10. Name and Address of New Registered Agent

(81) Name: Preston, Ralph Andrew
(82) Street Address (P.O. Box Number is Not Acceptable): 111 Country Place
(83): Panama City Beach
(84) City: Panama City Beach FL (85) Zip Code: 32408

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: Ralph Andrew Preston 4/20/95
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	PSD	11 TITLE	PSD	☒ Change ☐ Addition
NAME	PRESTON, RALPH, ANDREW	12 NAME	Preston, Ralph Andrew	
STREET ADDRESS	6908 N LAGOON DR #9	13 STREET ADDRESS	111 Country Place	
CITY-ST-ZIP	PANAMA CITY BEACH FL	14 CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	VTD	21 TITLE	VTD	☒ Change ☐ Addition
NAME	PRESTON, LILLIAN	22 NAME	Preston, Lillian	
STREET ADDRESS	8741 N LAGOON DR	23 STREET ADDRESS	184 Boca Lagoon Drive	
CITY-ST-ZIP	PANAMA CITY BEACH FL	24 CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	MANTZ, JAMES E.	32 NAME	Hepler, Ruth Ann	
STREET ADDRESS	103 NORTH COVE LANE	33 STREET ADDRESS	1838 Van Wert Ave.	
CITY-ST-ZIP	PANAMA CITY BEACH FL	34 CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		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: Ralph Andrew Preston 4/20/95 904-235-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410003 FP