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

**PROFIT CORPORATION ANNUAL REPORT**
**1996**

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

**DOCUMENT #   288760        (2)**

1. Corporation Name

**RESORT AMUSEMENTS COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 9519 FRONT BEACH RD<br>P.O. BOX 9438<br>PANAMA CITY FL 32417-6438<br>US | P O BOX 9438<br>P.O. BOX 9438<br>PANAMA CITY FL 32417-9438<br>US |

| **3.** Date Incorporated or Qualified | **3a.** Date of Last Report |
|---|---|
| 01/01/1965 | 04/25/1995 |

**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 s 199.032, Florida Statutes  ☐ Yes  ☐ No

| 2. Principal Place of Business | 21 | 2a. Mailing Address | 26 |
|---|---|---|---|
| Suite, Apt. #, etc. | 22 | Suite, Apt. #, etc. | 27 |
| City & State | 23 | City & State | 28 |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

**9. Name and Address of Current Registered Agent**

PRESTON, RALPH ANDREW
111 COUNTRY PLACE
PANAMA CITY BEACH FL 32408

**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 | | **13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **PSD** ☐ DELETE<br>NAME **PRESTON, RALPH ANDREW**<br>STREET ADDRESS **111 COUNTRY PLACE**<br>CITY-ST-ZIP **PANAMA CITY FL** | | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE **VTD** ☐ DELETE<br>NAME **PRESTON, LILLIAN**<br>STREET ADDRESS **184 BOCA LAGOON DR**<br>CITY-ST-ZIP **PANAMA CITY BEACH FL** | | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE **D** ☐ DELETE<br>NAME **HEPLER, RUTH ANN**<br>STREET ADDRESS **1838 VAN WERT AVE**<br>CITY-ST-ZIP **JACKSONVILLE FL** | | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |
| TITLE ☐ DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change  ☐ Addition |

CR2E034 (12/95)

**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:** *Ralph Andrew Preston*  RALPH ANDREW PRESTON  4/26/96   904-235-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #