

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 # 301610

1. Corporation Name

WALT'S CONCESSIONS, INC

Principal Place of Business

4500 JUDY COURT
ORLANDO FL 32839-2010

Mailing Address

4500 JUDY COURT
ORLANDO FL 32839-2010

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90009 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1966

4. FEI Number

59-1118979

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **2875 S. ORANGE AVE**

2a. Mailing Address

26 **2875 S. ORANGE AVE**

Suite, Apt. #, etc.

22 **SUITE 500-800**

Suite, Apt. #, etc.

27 **SUITE 500-800**

City & State

23 **ORLANDO, FL**

City & State

28 **ORLANDO, FLA.**

Zip

24 **32806**

Country

25 **U.S.A.**

Zip

29 **32806**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

COX, JR W

4500 JUDY COURT-
ORLANDO FL 32839

ADDRESS CHANGE

10. Name and Address of New Registered Agent

81 Name

WALTER B. COX JR.

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

13711 VISTA DEL LAGO BLVD.

83

84 City

CLERMONT

FL

85 Zip Code

34711

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 ☐ DELETE
NAME PD
STREET ADDRESS COX, PATRICIA A
CITY-ST-ZIP 4500 JUDY COURT-
ORLANDO FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS FIELDS, ROY, JR.
CITY-ST-ZIP 101 FAY ROAD, APT #5
SYRACUSE NY

TITLE ☐ DELETE
NAME V
STREET ADDRESS BEERS, RAYMOND R
CITY-ST-ZIP 4413 CROSSIN DR
ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PRESIDENT**
1.3 STREET ADDRESS **COX, PATRICIA A.**
1.4 CITY-ST-ZIP **2875 S. ORANGE AVE., #500-800**
ORLANDO, FL 32806

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, with all other like empowered.

SIGNATURE: **Patricia Cox** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 **407-492-1578**
Date Daytime Phone #

CR2E034 (11/98)