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 MAY -1 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/10/95--01062--025
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 502699

1. Corporation Name: T & W Concessions, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified:
3a. Date of Last Report: 1994

2. Principal Place of Business	2a. Mailing Address
21 2032 So. 51st St.	26 404 Copperleaf Cir.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Tampa, FL	City & State 28 Brandon, FL
Zip 24 33619 / Country 25 USA	Zip 29 33511 / Country 30 USA

4. FEI Number: 59-1656589 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Patricia Kunz
82 Street Address (P.O. Box Number is Not Acceptable): 404 Copperleaf Circle
83
84 City: Brandon, FL 85 Zip Code: 33511

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] Patricia Kunz 04/25/95
SIGNATURE OF REGISTERED AGENT — DATE

12. OFFICERS AND DIRECTORS	
TITLE	P,D
NAME	Wayne Kunz
STREET ADDRESS	404 Copperleaf Cir.
CITY-ST-ZIP	Brandon, FL 33511
TITLE	V,D
NAME	Patricia Kunz
STREET ADDRESS	404 Copperleaf CIr.
CITY-ST-ZIP	Brandon, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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: [signature] Patricia Kunz, V.P. 04/25/95 813-684-7754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR