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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

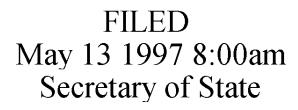
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(9)

COTTON BOWL, INC.

Principal Place of Business

Mailing Address





| 1015 WEST BAY DR. LARGO FL 34640-0248 | | | 1015 WEST BAY DR. LARGO FL 33770-3248 | | | | | | | |
|--|---|----------------------------|---|---------------|--------------------|---|---|-------------|-------------------------------|-----------------------------------|
| | | | | | | 3. Date Incorporated or Qualified 12/08/1976 | 3a. Date of Last Report 03/01/1996 | | | |
| 2. Principal Place of Business 21 | | | 2a. Mailing Address 26 | | | 4. FEI Number 59-1704411 | | - | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip 24 | Count 25 | 2 | | Country 30 | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| A1 | 9. Name and Addr | ess of Current Re | gistered Agent | | 81 | Name | 10. Name and Address of New Re | gistered A | gent | |
| SMITH, COTTON W. | | | | | 61 | Name | lame | | | |
| | BUENA VISTA DR ARWATER FL 33546 | | | | | Street Ad | ess (P.O. Box Number is Not Acceptable) | | | |
| | | | | | 83 | | | • | | |
| | | | | | 84 | City | | FL | 85 7 | ip Code |
| 11. Pursuant office or r | to the provisions of Secregistered agent. & bol | ctions 607.0502 and | d 607.1508, Florida Stat orida: Such ehange wa | tutes, the a | bove d by | c-named co the corpor | orporation submits this statement for the praction's board of directors. I hereby accer | urpose of | changin chtment | g its registered as registered |
| office or registered agont & both, in the State of Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE Signature, typical or printed have of registered agent and till it approache. (NOT: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed na- | ne of registered agent and | tille it apposable. (N | D1E Registere | ο Αρι | nt signature rec | uired wher reinslating) | DATE | 0 / | - / |
| 12. | | OFFICERS AND DIF | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | |
| THTLE | PD Smith, cotton v | v | DELETE | 1 1 TI | | | | | Chang | ge 🔲 Addition 📑 |
| NAME Street address | 2221 BUENA VISTA | | | 12 N | | 1000000 | | | | |
| CITY-ST-ZIP | CLEARWATER, FL | | | | | ADDRESS L-ZIP | | | | |
| TITLE | VD | | DELETE | 211 | | 1 - 21P | | | Chang | ge 🔲 Addition (|
| NAME | SMITH, PATRICIA | | 2 2 N | | AME | | | | | |
| STREET ADDRESS | 2221 BUENA VISTA | | 23 | | 2 3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | CLEARWATER, FL | 00000 | | 2 4 0 | HIY-9 | S1 - Z(P | | | | |
| TITLE | | | ☐ DELETE | 317 | ILE | | | | Chang | ge 🔲 Addition |
| NAME | | | | 3 2 M | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY - ST - ZIP TITLE | | | DELFTE | 34 0 | | ST - 71F | ·· | | Chand | ge Addition |
| NAME | | | | 4 2 1 | | | | ' | Cliari | ge [] Addition |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY - ST - ZIP | | | | | | 1 - ZIP | | | | |
| TITLE | | | DELE IE | 5 1 T | | | | | Chang | ge Addition |
| NAME | | | | 52 N | AME | | | | | |
| STREET ADDRESS | | | | 5 3 S | TREET | ADDRESS | | | | |
| CITY - ST - ZIP | | | 0.000 | | | T-7IP | | | | |
| TITLE | | | DELETE | 6110 | | | | | L Chang | ge [] Addilion |
| NAME | | | | 62 N | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | <u> </u> | | | 640 | ITY-S | 1-7IP | | | | |

I do hereby certify that the information supplied with this filling 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 eport 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 director or directors in the receiver or director of the corporation at the receiver of the same appears in Block 12 or Block 13 it changed for attachment with appears and directors.