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Feb 05 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 649454 (6)

1. Corporation Name
SOUTHLAND AMUSEMENTS, INC.



Principal Place of Business
**12806 15TH STREET
TAMPA FL 33612**

Mailing Address
**12806 15TH STREET
TAMPA FL 33612-4527**

3. Date Incorporated or Qualified
12/27/1979

3a. Date of Last Report
01/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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4. FEI Number
59-1965381

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STAUNKO, IVENE F.
12806 15TH STREET
TAMPA FL 33612**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPS** ☐ DELETE

NAME **STAUNKO, IVENE F.**

STREET ADDRESS **12806 15TH ST.**

CITY-ST-ZIP **TAMPA FL**

TITLE **VP** ☐ DELETE

NAME **STAUNKO, DARLENE**

STREET ADDRESS **1211 142ND ST.**

CITY-ST-ZIP **TAMPA FL**

TITLE **DVP** ☐ DELETE

NAME **STAUNKO, CHARLES E.**

STREET ADDRESS **12806 15TH ST.**

CITY-ST-ZIP **TAMPA FL**

TITLE **DVP** ☐ DELETE

NAME **STAUNKO, WILLIAM T.**

STREET ADDRESS **4208 N. HOLLY ST.**

CITY-ST-ZIP **TAMPA FL**

TITLE **DT** ☐ DELETE

NAME **STAUNKO, JUDY ANN**

STREET ADDRESS **12806 15TH ST.**

CITY-ST-ZIP **TAMPA FL**

TITLE **DVP** ☐ DELETE

NAME **STAUNKO, KATHLENE M.**

STREET ADDRESS **12806 15TH ST.**

CITY-ST-ZIP **TAMPA FL**

14. I do 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.

SIGNATURE:

Ivene Staunko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97 813-971-1597

Date Daytime Phone

CR2E034 (9/96)