

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0085713

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1979

4. FEI Number

59-1965381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

Zip

Country

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

1211 E 142ND AVE
TAMPA FL 33613

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 IVENE STAUNKO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPS
NAME STAUNKO, IVENE F.
STREET ADDRESS 12806 15TH ST.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VP
NAME STAUNKO, DARLENE
STREET ADDRESS 1211 142ND ST.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE DVP
NAME STAUNKO, CHARLES E.
STREET ADDRESS 12806 15TH ST.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE DVP
NAME STAUNKO, WILLIAM T.
STREET ADDRESS 4208 N. HOLLY ST.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE DT
NAME STAUNKO, JUDY ANN
STREET ADDRESS 12806 15TH ST.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE DVP
NAME STAUNKO, KATHLENE M.
STREET ADDRESS 12806 15TH ST.
CITY-ST-ZIP TAMPA FL

☐ DELETE

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 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

7/27/98 649454-1554

CR2E034 (5/98)