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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:24

DOCUMENT # **690764** **(6)**

1. Corporation Name
TROPICANA LANES, INC.

Principal Place of Business	Mailing Address
1101-62ND AVE.S. ST PETERSBURG FL 33705	1101-62ND AVE.S. ST PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/17/1981**
3a. Date of Last Report: **04/04/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **59-2107212** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BOJE, WILLIAM H
1101 62ND AVE S
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GARCIA, LUIS	12 NAME	
STREET ADDRESS	888 EXEC.CNTR.DR.,N.#101	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	BOJE, WILLIAM	22 NAME	
STREET ADDRESS	1101-62ND AVE.,S.	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOUIS, ORTIZ	32 NAME	
STREET ADDRESS	888 EXEC.CNTR.DR.,N.#101	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	BOJE, JEFFREY W	42 NAME	
STREET ADDRESS	1101 62ND AVENUE SO.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROSE, ELI	52 NAME	
STREET ADDRESS	3905 EDEN ROCK CIR.	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	O'CONNELL, PAUL	62 NAME	
STREET ADDRESS	13352 82 AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	64 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: _____ 3-25-95 (813) 631-2363
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — Daytime Phone #