FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -7 AM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714746 (5)

1. Corporation Name

NORTH FLORIDA BINGO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5824 LONE PINE ROAD JACKSONVILLE FL 32216	5824 LONE PINE ROAD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1968
3a. Date of Last Report: 03/03/1994
4. FEI Number: 23-7256691 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 5824 LONG PINE RD	26 5824 LONG PINE RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL	City & State 28 JAX, FL
Zip 24 32216 Country 25 US	Zip 29 32216 Country 30 US

9. Name and Address of Current Registered Agent

MC LANAHAN, T.E.
5824 LONE PINE ROAD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: T.E. McLANAHAN
82 Street Address (P.O. Box Number is Not Acceptable): 5824 LONG PINE Rd
83
84 City: JAX, FL 85 Zip Code: 32216

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: T.E. McLanahan — T.E. McLANAHAN DST — 1/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PRESIDENT VD	☑ Change ☐ Addition
NAME	THRIFT, DAVID	1.2 NAME	BILL SOLIMANI	
STREET ADDRESS	6523 COMMERCE ST	1.3 STREET ADDRESS	4360 VICKSBURG AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	JAX, FL, 32210	
TITLE	PD	2.1 TITLE	V.P, PD	☑ Change ☐ Addition
NAME	SOLIMANI, BILL	2.2 NAME	John AMRHEIM	
STREET ADDRESS	4360 VICKSBURG AVE	2.3 STREET ADDRESS	4217 DEVOE PL	
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	JAX, FL, 32210	
TITLE	DST	3.1 TITLE	SEC / TREAS DST	☐ Change ☐ Addition
NAME	MC LANAHAN, ED	3.2 NAME	ED McLANAHAN	
STREET ADDRESS	5824 LONE PINE ROAD	3.3 STREET ADDRESS	5824 LONE PINE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	JAX, FL 32216	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME	000001426010	
STREET ADDRESS		5.3 STREET ADDRESS	-03/10/95--01034--012	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****130.00 ****130.00	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T.E. McLanahan — T.E. McLANAHAN — 1/25/95 — 904 731-8011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035050