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 MAY -1 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743977** **(1)**

1. Corporation Name
NO CASINOS, INC.

Principal Place of Business	Mailing Address
239 SECOND AVE SUITE 200 ST PETERSBURG FL 33701	P.O. BOX 941 ST PETERSBURG FL 33731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2655199 ☐ 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	26 P.O. Box 1563
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32801 Country 25	Zip 29 32802 Country 30

9. Name and Address of Current Registered Agent

DEW, JOHN C.
150 SECOND AVE.,N.#1500
ST.PETERSBURG FL 33701

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	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	ECKERD, JACK	1.2 NAME	Hood, Glenda E.
STREET ADDRESS	100 N.STARCREST DR.	1.3 STREET ADDRESS	400 S. Orange Ave.
CITY-ST-ZIP	CLEARWATER FL 34625	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	PD	2.1 TITLE	ED ☒ Change ☐ Addition
NAME	HINES, ANDREW H. JR.	2.2 NAME	Hines, Andrew H. Jr.
STREET ADDRESS	150 SECOND AVE. N .	2.3 STREET ADDRESS	150 Second Ave. N.
CITY-ST-ZIP	ST PETERSBURG FL 33701	2.4 CITY-ST-ZIP	St. Petersburg FL 33701
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	GIZANT, JOHN SEN .	3.2 NAME	Grant, John SEN.
STREET ADDRESS	610 WEST WATERS AVE. SUITE A	3.3 STREET ADDRESS	610 West Waters Ave. Suite 4
CITY-ST-ZIP	TAMPA FL 33604	3.4 CITY-ST-ZIP	Tampa, FL 33604
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, GORDON W	4.2 NAME	
STREET ADDRESS	425-22 AVE. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33704	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: _____ 4-25-95 (813)894-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058476