

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F15926

(1)

1. Corporation Name

FUNLAND R.B.S. INCORPORATED



Principal Place of Business

Mailing Address

C/O BARBARA WILSON  
9 WEST TOWNSHIP  
FAYETTEVILLE AR 72703  
US

P.O. BOX 1808  
FAYETTEVILLE AR 72702  
US

3. Date Incorporated or Qualified

01/20/1981

3a. Date of Last Report

02/14/1995

4. FEI Number

59-2051057

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, DAVID  
6980 SO. HANCOCK RD.  
HOMOSASSA FL 32646

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

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

11.1 TITLE ☐ DELETE

NAME  
STEVENS, DAVID W.  
STREET ADDRESS  
6980 SO. HANCOCK RD.  
CITY-STATE-ZIP  
HOMOSASSA FL

11.2 TITLE ☐ DELETE

NAME  
STEVENS, JUDITH A.  
STREET ADDRESS  
6980 SO. HANCOCK RD.  
CITY-STATE-ZIP  
HOMOSASSA FL

11.3 TITLE ☐ DELETE

NAME  
SCHIMDT, PAUL  
STREET ADDRESS  
6980 SO. HANCOCK RD.  
CITY-STATE-ZIP  
HOMOSASSA FL

11.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY-STATE-ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-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)(k), 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: David W. Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 16 96

Date

501-442-4224

Daytime Phone

CR2E034 (12/95)