

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:58

DOCUMENT # F93000000822 (7)

1. Corporation Name

ROYAL PALMS BOWLING CENTER, INC.

Principal Place of Business

123 NIEMAN STREET
SUNMAN IN 47041

Mailing Address

P.O. BOX 145
SUNMAN IN 47041

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/15/1993

3a. Date of Last Report

07/06/1994

4. FEI Number

35-1878234

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. This corporation has liability for intangible tax under s. 199.039

Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 800 US 27 SOUTH

2a. Mailing Address

28 800 US 27 SOUTH

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

LAKE PLACID FL.

28 City & State

LAKE PLACID FL.

24 Zip

33852

25 Country

HIGHLANDS

29 Zip

33852

30 Country

HIGHLANDS

9. Name and Address of Current Registered Agent

MILES, ROBERT T SR.
81 COLE DANLEY
LAKE PLACID FL 33852

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
MILES, ROBERT T SR.
123 NIEMAN STREET
SUNMAN IN 47042

STD
MILES, BARBARA M
123 NIEMAN STREET
SUNMAN IN 47042

PD
MILES, HENRY S
123 NIEMAN STREET
SUNMAN IN 47042

VPD
MILES, ROBERT T JR.
123 NIEMAN STREET
SUNMAN IN 47042

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition
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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: Henry S. Miles HENRY S. MILES 6/14/95 699-0925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type Name)