

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000000822 (7)

1. Corporation Name

ROYAL PALMS BOWLING CENTER, INC.



Principal Place of Business

Mailing Address

800 US 27 SOUTH  
LAKE PLACID FL 33852  
US

800 US 27 SOUTH  
LAKE PLACID FL 33852  
US

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

3. Date Incorporated or Qualified

02/15/1993

3a. Date of Last Report

06/20/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

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

(Sign and type or print 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

1. TITLE

D

☐ DELETE

NAME  
MILES, ROBERT T SR.  
STREET ADDRESS  
123 NIEMAN STREET  
CITY- ST- ZIP  
SUNMAN IN 47042

2. TITLE

STD

☐ DELETE

NAME  
MILES, BARBARA M  
STREET ADDRESS  
123 NIEMAN STREET  
CITY- ST- ZIP  
SUNMAN IN 47042

3. TITLE

PD

☐ DELETE

NAME  
MILES, HENRY S  
STREET ADDRESS  
123 NIEMAN STREET  
CITY- ST- ZIP  
SUNMAN IN 47042

4. TITLE

VPD

☐ DELETE

NAME  
MILES, ROBERT T JR.  
STREET ADDRESS  
123 NIEMAN STREET  
CITY- ST- ZIP  
SUNMAN IN 47042

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 699-0925

CR2E034 (12/95)