

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 # F93000004644 (1)

1. Corporation Name

TRANS WORLD CASINGS, INC.



Principal Place of Business

1001 SOUTH 21 ST
FT. SMITH AR 72901
US

Mailing Address

PO BOX 10048
FT. SMITH AR 72917
US

2. Principal Place of Business

2a. Mailing Address

21 1101 SOUTH 21 ST STREET

26

Suite, Apt. #, etc.

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
10/14/1993

3a. Date of Last Report
04/26/1995

4. FEI Number

71-0742062

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

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 ☐ DELETE

NAME
SEITER, JAMES J
STREET ADDRESS
1001 SOUTH 21 STREET
CITY-ST-ZIP
FT. SMITH AR

TITLE NAME ☐ DELETE

NAME
NEAL, DONALD L
STREET ADDRESS
3801 OLD GREENWOOD ROAD
CITY-ST-ZIP
FT. SMITH AR

TITLE NAME ☐ DELETE

NAME
COOPER, RICHARD F
STREET ADDRESS
3801 OLD GREENWOOD ROAD
CITY-ST-ZIP
FT. SMITH AR

TITLE NAME ☐ DELETE

NAME
EVANS, DANIEL V
STREET ADDRESS
1001 SOUTH 21 STREET
CITY-ST-ZIP
FT. SMITH AR

TITLE NAME ☐ DELETE

NAME
MEYERS, JOHN R
STREET ADDRESS
3801 OLD GREENWOOD ROAD
CITY-ST-ZIP
FT. SMITH AR

TITLE NAME ☐ DELETE

NAME
SLACK, R. DAVID
STREET ADDRESS
3801 OLD GREENWOOD ROAD
CITY-ST-ZIP
FT. SMITH AR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
JOHN R. MEYERS
1.3 STREET ADDRESS
1101 SOUTH 21ST STREET
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
1101 SOUTH 21ST STREET
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
DAVID E. LOEFFLER
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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:

R. David Slack R. David Slack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

(501) 785-6000

Daytime Phone #

CR2E034 (12/95)