

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000003014 (5)

1. Corporation Name

INTERACTIVE PERFORMANCE OF FLORIDA, INC.



Principal Place of Business

8000 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Mailing Address

8000 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

59-3378200

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH LTD INC
1406 HAYS ST., #1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

TITLE ☐ DELETE

PD
NAME HEWITT, WILLIAM B
STREET ADDRESS 8000 ARLINGTON EXPRESSWAY
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ DELETE

VD
NAME HOGAN, JERRY
STREET ADDRESS 8000 ARLINGTON EXPRESSWAY
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ DELETE

STD
NAME LONGA, MICHAEL W.
STREET ADDRESS 8000 ARLINGTON EXPWY
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D
NAME Hewitt, William B.
1.2 NAME
1.3 STREET ADDRESS 211 King Street
1.4 CITY-ST-ZIP Charleston, SC 29401

2.1 TITLE ☒ Change ☐ Addition

V
NAME Hogan, Jerry
2.2 NAME
2.3 STREET ADDRESS 8000 Arlington Expressway
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

ST
NAME Longa, Michael W.
3.2 NAME
3.3 STREET ADDRESS 8000 Arlington Expressway
3.4 CITY-ST-ZIP Jacksonville, FL 32211

4.1 TITLE ☐ Change ☒ Addition

DCP
NAME Beffa, Timothy G.
4.2 NAME
4.3 STREET ADDRESS 390 S. Woods Mill Rd.
4.4 CITY-ST-ZIP St. Louis, MO 63017

5.1 TITLE ☐ Change ☒ Addition

D
NAME Dolan, Daniel J.
5.2 NAME
5.3 STREET ADDRESS 390 S. Woods Mill Rd.
5.4 CITY-ST-ZIP St. Louis, MO 63017

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

3/10/98

4/30/98 (904) 725-3641