FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G26558** **(8)**

1. Corporate Name

LAKE CITY AMUSEMENT PARK, INC.

Principal Place of Business	Mailing Address
~~ROSS ALLEN ROAD~~ Hall of Fame Drive P.O. BOX 2817 LAKE CITY FL 32055	~~ROSS ALLEN ROAD~~ Hall of Fame Drive P.O. BOX 2817 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1983**

3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-2305157** — Applied For ☐ Not Applicable ☐

Suite, Apt. # or PO — 22 / 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 / 25 / 29 / 30

8. This corporation has qualified for exemption as provided by Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SUMMERS, W. L.
U.S. 90 WEST & ~~ROSS ALLEN BLVD.~~ Hall of Fame Drive
P.O. BOX 2817
LAKE CITY FL 32055

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 Section 607.1506, 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. The 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS
D SUMMERS, W. L. P.O. BOX 2817 US #90 W. LAKE CITY FL 32056	☐ Change ☐ Addition
P SUMMERS, JANET P.O. BOX 2817 US #90 W. LAKE CITY FL	☐ Change ☐ Addition
V OWENS, DEBBIE P.O. BOX 2817 US #90 W. LAKE CITY FL	☐ Change ☐ Addition
ST LOUDERMILK, CINDI P.O. BOX 2817 US #90 W. LAKE CITY FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I (we) hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: W. L. Summers — W L Summers — March 28, 1995 — 904-755-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008348 CP