FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:19

DOCUMENT # **H34801** **(1)**

1. Corporation Name
GAME CONCESSIONS, INC.

Principal Place of Business	Mailing Address
PO BOX 55 ORLANDO FL 32802	PO BOX 55 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1984**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2475796** ☐ 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

9. Name and Address of Current Registered Agent

STRATES, SUSAN M.
10600 S. ORANGE AVE
TAFT FL 32824

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 required for appointment of new registered agent and the corporation) (DATE) (Registered Agent signature required when necessary) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STRATES, SUSAN M.	12 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	13 STREET ADDRESS	
CITY ST ZIP	TAFT FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	BEARD, KENNETH O.	22 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	23 STREET ADDRESS	
CITY ST ZIP	TAFT FL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	STRATES, JAMES E.	32 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	33 STREET ADDRESS	
CITY ST ZIP	TAFT FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	STRATES, PHYLLIS R(AST S	42 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	43 STREET ADDRESS	
CITY ST ZIP	TAFT FL	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	STRATES, SIBYL S.	52 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	53 STREET ADDRESS	
CITY ST ZIP	TAFT FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: [signature] SIBYL S STRATES 1-16-95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0003080 CP