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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H35447

(2)

1. Corporation Name

MURRELL AMUSEMENT COMPANY, INC.

Principal Place of Business

836 N. FLORIDA AVE.
LAKELAND FL 33801

Mailing Address

836 N. FLORIDA AVE.
LAKELAND FL 33801-1706



3. Date Incorporated or Qualified

12/17/1984

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

21 2099 42ND STREET NW

Suite, Apt. #, etc.

2a. Mailing Address

26 2099 42ND STREET NW

Suite, Apt. #, etc.

4. FEI Number

59-2554436

Applied For

Not Applicable

22 City & State

23 WINTER HAVEN, FL

Zip Country

24 33881 25 USA

27 City & State

28 WINTER HAVEN, FL

Zip Country

29 33881 30 USA

6. 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

LAWSON, MANLEY
2099 42ND ST., N.W.
WINTER HAVEN FL 33881

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 reinstating)

4/25/97
DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME CHEATWOOD, CLIFFORD F.
STREET ADDRESS 1802 S. LINCOLN AVE.
CITY-ST-ZIP LAKELAND FL

TITLE D ☒ DELETE

NAME MURRELL, MARY LOU
STREET ADDRESS 210 LKE.HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL

TITLE D ☒ DELETE

NAME HAMER, MELANIE
STREET ADDRESS 525 EMMETT
CITY-ST-ZIP KISSIMMEE 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 DP ☒ Change ☐ Addition

1.2 NAME LAWSON, MANLEY A
1.3 STREET ADDRESS 19 CASARENA CT
1.4 CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE DVP ☒ Change ☐ Addition

2.2 NAME DODSON, MICHAEL S
2.3 STREET ADDRESS 5010 SUNRISE DR
2.4 CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME LAWSON, WESLEY S
3.3 STREET ADDRESS 3016 CYPRESSWOODS BLVD
3.4 CITY-ST-ZIP WINTER HAVEN FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 941-967-1171

Date

Daytime Phone #

CR2E034 (9/96)