

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H80681 (0)
1. Corporation Name
COUNTRYSIDE BOWLING CENTER, INC.

Principal Place of Business
**2123 NE COACHMAN RD.
S-A
CLEARWATER FL 34625-2616**

Mailing Address
**27067 US 19 N.
S-A
CLEARWATER FL 34621
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/08/1985

3a. Date of Last Report
03/14/1994

4. FEI Number
59-2628926

Applied For
☐ 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**LITTLE, THOMAS C.
2123 NE COACHMAN RD.
S-A
CLEARWATER FL 33575**

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MASTOR, FRANK	1.2 NAME	
STREET ADDRESS	330 HARBOR PASSAGE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER BCH FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	MASTOR, FRANK J	2.2 NAME	
STREET ADDRESS	330 HARBOR PASSAGE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER BCH FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MASTOR, JOHN	3.2 NAME	
STREET ADDRESS	330 HARBOR PASSAGE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER BCH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank MASTOR
4/25/95

Exhibit Page: 8