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CORPORATION ANNUAL REPORT 1995

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

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-DIVISION OF CORPORATIONS

95 JAN 19 AM 10: 13

DOCUMENT # J00161 (6)

1. Corporation Name

SOUTHERN BINGO SUPPLIES, INC.

Principal Place of Business	Mailing Address
% WALTER MCLANAHAN 5824 LONE PINE ROAD JACKSONVILLE FL 32216	% WALTER MCLANAHAN 5824 LONE PINE ROAD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1986
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business (21): # 5824 LONE PINE Rd.
2a. Mailing Address (26): SAME

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23): JACKSONVILLE, FL
City & State (28):

Zip (24): 32216 Country (25): DUVAL
Zip (29): Country (30):

4. FEI Number: 59-2697647 ☐ 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

MCLANAHAN, T.E.
5824 LONE PINE ROAD
JACKSONVILLE FL 32216

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 _____ DATE
(Signature, typed or printed name of registered agent and the date. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MCLANAHAN, T.E.	1.2 NAME	
STREET ADDRESS	5824 LONE PINE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	STURAT, TIM	2.2 NAME	
STREET ADDRESS	3211 NEBRASKA	2.3 STREET ADDRESS	
CITY-ST-ZIP	COUNCIL BLUFF IA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MCLANAHAN, W.E.	3.2 NAME	
STREET ADDRESS	3511 E. HIDDEN LAKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHALK, MIKE	4.2 NAME	
STREET ADDRESS	3211 NEBRASKA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COUNCIL BLUFF IA	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 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: T.E. McLanahan 1/13/95 (904) 731-8011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010048 CP