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FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90082 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J00161

1. Corporation Name  
**SOUTHERN BINGO SUPPLIES, INC.**

Principal Place of Business

5824 LONE PINE RD  
5824 LONE PINE ROAD  
JACKSONVILLE FL 32216  
US

Mailing Address

5824 LONE PINE RD  
5824 LONE PINE ROAD  
JACKSONVILLE FL 32216  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1986

4. FEI Number

59-2697647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

T.E. MCLANAHAN  
Signature, typed or printed name of registered agent and title if applicable.

T.E. Mclanahan  
(NOTE: Registered Agent signature required when reinstating)

1/15/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MCLANAHAN, T.E.  
STREET ADDRESS 5824 LONE PINE ROAD  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VP  
NAME STURAT, TIM  
STREET ADDRESS 3211 NEBRASKA  
CITY-ST-ZIP COUNCIL BLUFF IA

☒ DELETE

TITLE S  
NAME MCLANAHAN, W.E.  
STREET ADDRESS 3511 E. HIDDEN LAKE  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE ST  
NAME SCHALK, MIKE  
STREET ADDRESS 3211 NEBRASKA AVENUE  
CITY-ST-ZIP COUNCIL BLUFF IA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

T.E. Mclanahan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

904 731-8011

Daytime Phone #

CR2E034 (11/98)