

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY - 1 11 0 50

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # J26500 (5)
1. Corporation Name
CONCESSIONS INTERNATIONAL OF ORLANDO, INC.

Principal Place of Business: **9736 AIRPORT BLVD.
ORLANDO FL 32827**
Mailing Address: **9736 AIRPORT BLVD.
ORLANDO FL 32827**

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified: **07/30/1986** 3a. Date of Last Report: **04/11/1994**
4. FEI Number: **59-2789548** 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**
7. Does corporation have liability for a total debt of \$100,000? Florida Statutes: ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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:
86. State:
87. Zip Code:

11. Pursuant to the provisions of Sections 607.0902 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 obligation of Sections 607.0902, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

12

12. OFFICERS AND DIRECTORS:
1. NAME: **PSD WARD, FELKER W. JR.**
2. STREET ADDRESS: **504 FAIR ST**
3. CITY, ST, ZIP: **ATLANTA GA**
4. NAME: **TAS MAJOR, DONATA R.**
5. STREET ADDRESS: **504 FAIR STREET**
6. CITY, ST, ZIP: **ATLANTA GA**
7. NAME: **VD HILL, JESSE JR.**
8. STREET ADDRESS: **504 FAIR STREET**
9. CITY, ST, ZIP: **ATLANTA GA**
10. NAME: **V WASHINGTON, REGYNALD G.**
11. STREET ADDRESS: **504 FAIR STREET**
12. CITY, ST, ZIP: **ATLANTA GA**
13. NAME:
14. STREET ADDRESS:
15. CITY, ST, ZIP:
16. NAME:
17. STREET ADDRESS:
18. CITY, ST, ZIP:
19. NAME:
20. STREET ADDRESS:
21. CITY, ST, ZIP:

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12:
1. NAME: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP:
5. NAME: ☐ Change ☐ Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP:
9. NAME: ☐ Change ☐ Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP:
13. NAME: ☐ Change ☐ Addition
14. NAME:
15. STREET ADDRESS:
16. CITY, ST, ZIP:
17. NAME: ☐ Change ☐ Addition
18. NAME:
19. STREET ADDRESS:
20. CITY, ST, ZIP:
21. NAME: ☐ Change ☐ Addition
22. NAME:
23. STREET ADDRESS:
24. CITY, ST, ZIP:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0902, Florida Statutes. I further certify that the information included 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 manager 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:

Donata R. Major
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONATA R. MAJOR

1/9/95

404 653 7693
Tallahassee, Florida