

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **J51358** (6)

1. Corporation Name

JACKSONVILLE GAMES, INC.

Principal Place of Business

**JACKSONVILLE LANDING STE. 167
JACKSONVILLE FL 32202**

Mailing Address

**JACKSONVILLE LANDING STE. 167
JACKSONVILLE FL 32202**

2. Principal Place of Business

21

Suite, Apt. #, etc.

SUITE 170

22

City & State

23

Zip

24

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

SUITE 170

26

City & State

27

Zip

28

Country

3. Date Incorporated or Qualified

01/12/1987

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2802830

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 G. 100.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**STOECKLEIN, RICHARD W.
275 S 1ST ST., #701
JACKSONVILLE BEACH FL 32250**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PT

NAME

STOECKLEIN, RICHARD W.

STREET ADDRESS

JAX LANDING; STE 167

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

DVS

NAME

STOECKLEIN, ELIZABETH B

STREET ADDRESS

JAX LANDING; STE 167

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 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)(a), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the officer 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, on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

Signature typed or printed (name of individual officer or director)

4/30/95

Date

904-353-4874

Telephone Number