

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90193 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L08354**

1. Corporation Name  
**AVALON BOWLING CENTER, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**C/O ZONA M. DUBOSE** **C/O ZONA M. DUBOSE**  
**2986 AVALON BLVD.** **2986 AVALON BLVD.**  
**MILTON FL 32583** **MILTON FL 32583**

3. Date Incorporated or Qualified  
**08/07/1989**

4. FEI Number **59-2963209** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 **127 E ZARA GOZA ST**

22 City & State 27 **Ste 206**

23 Zip Country 28 **PENSACOLA FL**

24 Zip Country 29 **32501** 30 **USA**

9. Name and Address of Current Registered Agent  
**DUBOSE, ZONA M.**  
**1525 DOLPHIN ROAD**  
**MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name **BASS + SAND FORT Accountants Inc**

82 Street Address (P.O. Box Number is Not Acceptable)  
**127 E ZARA GOZA St Ste 206**

83

84 City **Pensacola** FL 85 Zip Code **32501**

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]* AS AGENT FOR **BASS + SAND FORT Accountants Inc** DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DUBOSE, HEWBERT J.</b>
STREET ADDRESS	<b>1525 DOLPHIN RD.</b>
CITY-ST-ZIP	<b>MILTON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DUBOSE, ZONA M.</b>
STREET ADDRESS	<b>1525 DOLPHIN RD.</b>
CITY-ST-ZIP	<b>MILTON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **ZONA M. DUBOSE** 4-29-99 850-995-4006  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)