

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L12011 (7)

1. Corporation Name

CAROUSEL CONCESSIONS, INC.



Principal Place of Business

Mailing Address

3791 SURREY LANE  
SARASOTA FL 34235  
US

3791 SURREY LANE  
8218-60TH STREET CIRCLE, E., 1501  
SARASOTA FL 34235  
US

3. Date Incorporated or Qualified  
08/25/1989

3a. Date of Last Report  
03/20/1995

2. Principal Place of Business:

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3791 Surrey Lane

22 City & State

27 Suite, Apt. #, etc.

23 Zip

25 Country

28 City & State

29 34235 30 Sarasota, FL

4. FEI Number

59-2964335

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

10. Name and Address of New Registered Agent

BELL, THOMAS W.  
1558 FIRST STREET  
SARASOTA FL 34236

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RIBBLE, HOWARD A., JR.  
STREET ADDRESS 8032 60TH ST. C.R.E.#1501  
CITY-ST-ZIP SARASOTA FL

TITLE STD  
NAME RIBBLE, CARYOL F.  
STREET ADDRESS 8032 60TH ST. C.R.E.#1501  
CITY-ST-ZIP SARASOTA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE PD  
12 NAME Ribble, Howard A. Jr.  
13 STREET ADDRESS 3791 Surrey Lane  
14 CITY-ST-ZIP Sarasota FL 34235

21 TITLE STD  
22 NAME Ribble Caryol F.  
23 STREET ADDRESS 3791 Surrey Lane  
24 CITY-ST-ZIP Sarasota, FL 34235

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard Ribble Howard Ribble

4/13/96

941-379-2433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (3/96)