

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10/2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L12011

(7)

1. Corporation Name

CAROUSEL CONCESSIONS, INC.

Principal Place of Business

3791 SURREY LANE
SARASOTA FL 34235
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1989

3a. Date of Last Report

06/18/1996

4. FEI Number

59-2964335

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

BELL, THOMAS W.
1558 FIRST STREET
SARASOTA FL 34236

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RIBBLE, HOWARD A. JR.

STREET ADDRESS 3791 SURREY LANE

CITY-STATE-ZIP SARASOTA FL

TITLE STD ☐ DELETE

NAME RIBBLE, CARYOL F. .

STREET ADDRESS 3791 SURREY LANE

CITY-STATE-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐

Change

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Addition

300002279103-9

-08/27/97-01114-005

****165.00 ****165.00

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Change

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Addition

14. I do 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.

CP2E034 (4/97)

2082
August 22, 1997

Division of Corporations
Annual Reports Section

RECEIVED A MAILING TODAY FOR CORPORATION FILING FEES. I WAS TAKEN ABACK IN THAT THE PACKET STATED 'SECOND NOTICE'. WE NEVER RECEIVED THE FIRST. USUALLY WE GET THE FILING PACKET IN THE SPRING. NOT THIS YEAR.

I CALLED THE TALLAHASSEE OFFICE AND WAS ADVISED TO SUBMIT A CHECK IN THE AMOUNT OF \$165.00; SEE ENCLOSED.

I WAS ALSO ADVISED TO INCLUDE THIS LETTER STATING WHAT HAS TRANSPIRED TO DATE. WE ARE NOW ON AN ANNUAL PAYMENT SCHEDULE WITH THE FLORIDA DEPARTMENT OF REVENUE. WE WERE CHANGED THIS YEAR. I DON'T KNOW IF THAT HAD ANYTHING TO DO WITH OUR CORPORATION FILING OR NOT.

PLEASE ADVISE.

THANK YOU

Howard Rihl