FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 14 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L43165** **(4)**

1. Corporation Name
LAND OF LAKES AMUSEMENTS, INC.

Principal Place of Business	Mailing Address
~~C/O ANGELO GUIDA & COMPANY, P.A.~~ ~~P O BOX 19805~~ ~~TAMPA FL 33679~~	~~C/O ANGELO GUIDA & COMPANY, P.A.~~ ~~P O BOX 19805~~ ~~TAMPA FL 33679~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/15/1990
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business	2a. Mailing Address
21 9500 North Trask	26 211 So. Dale Mabry
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL	28 City & State: Tampa, FL
24 Zip: 33624 25 Country: USA	29 Zip: 33609 30 Country: USA

4. FEI Number: 59-2983772 ☐ 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* XX Yes ☐ No

9. Name and Address of Current Registered Agent

~~GUIDA, ANGELO~~
~~1000 W SLIGH AVE~~
~~STE B~~
~~TAMPA FL 33604~~

10. Name and Address of New Registered Agent

81 Name: Stephen W. Jones
82 Street Address (P.O. Box Number is Not Acceptable): 211 South Dale Mabry Highway
83
84 City: Tampa **FL** 85 Zip Code: 33609

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: _____ 04-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	D,P,S,T,	XX Change ☐ Addition
NAME	SEDLMAYR, ANN M	12 NAME		
STREET ADDRESS	9500 N TRASK	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	33624	
TITLE	D	21 TITLE		XX Change ☐ Addition
NAME	DEWITT, ELIJAH	22 NAME		
STREET ADDRESS	9500 NORTH TRASK AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	33624	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Ann Sedlmayr Ann Sedlmayr, Pres., 3-25-95, 813-875-0810
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0004419 CP