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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthom

Secretary of State DIVISION OF CORPORATIONS

1996

L43165 DOCUMENT #
1. Corporation Name

(4)

LAND OF LAKES AMUSEMENTS, INC.

| Principal Place of Business Mailing Address | | | | 1 10011011 611 61101 11101 11101 11101 | J 414 |
|---|---|--|--|---|---|
| 9500 NORTH TRASK | | 211 SO. DALE MABR | Y | | |
| - P O DOX 1026 - Tampa Fl 336 | = | P O BOX 18263 TAMPA FL 33609 | | | |
| US | | US | | | 3a. Date of Last Report 04/14/1995 |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | No. Trask | | Dale Mabry Hwy | 59-2983772 | Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Tampa | a, FL | 28 Tampa, F | | Trust Fund Contribution | Added to Fees |
| Z ₀ | Country | Ζφ | Country | 8. This corporation has liability for | |
| 3362 | | 29 33609 | 30 USA | Florida Statutes XX Yes 10. Name and Address of New R | |
| | 9. Name and Address of Curr | ent negistered Agent | 81 Name | IV. Halle and Address of New Y | ogistored Agent |
| IONES S | TEDUEN W | | | | |
| - | ITEPHEN W TH DALE MABRY HIGWAY | | 82 Street Addre | ss (P.O. Box Number is Not Acceptate | ile) |
| 211 300 i | | | 83 | | |
| TAMPA FL 33609 | | | | | |
| IAMEATI | L 00003 | | 84 City | | FL 85 Zip Code |
| or registere familiar with | ed agent, or both, in the State of Flo n, and accept the obligations of, Se | onda: Such change was autho action 607.0505; Florida Statut | rized by the corporation's board es. | tion submits this statement for the pur I of directors. Thereby accept the app | rpose of changing its registered office ointrinent as registered agent. I am |
| 12. | Squative By all crieving raile of regulated as | AND DIRECTORS | Mile Roycleric Ajent signature requesi- 13. | ADDITIONS/CHANGES TO OFF | |
| TITLE | DPST | DELETE | 1 1 TITLE | 7,00,110,10,0,74,10,0,10 | Change Addition |
| NAME | SEDLMAYR, ANN M | Land 1 | 1.2 NAME | | |
| STREET ADDRESS | 9500 N TRASK | | 13 SHREET ADDRESS | | |
| C/TY-ST-ZIP | TAMPA FL | | 14 CITY - ST - 7IP | | |
| TATLE | D | DELETE | 2 1 TITLE | | ☐ Change ☐ Addition |
| NAME | DEWITT, ELIJAH | | 2 2 NAME | | |
| STREET ADDRESS | 9500 NORTH TRASK AVENI | JE | 2.3 STREET ADDRESS | | |
| CITY+ST-ZIP | TAMPA FL | | 2.4 CiTY - ST - ZiP | | |
| THILE | | []] DELETE | 3 1 THILE | | Change 🔲 Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADORESS | | | 3.3 STREET ADDRESS | | |
| CITY-S1-ZIP | | ☐ DELETE | 3.4 CITY - S1 - ZIF: | | Change Addition |
| TITLE | | [] betti | 4 2 NAME | | |
| NAME DEBEG ADDRESS | | | 4.3 STREET ADDRESS | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZiP TITLE | | DELETE | 5 1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CHY+ST-ZIP | | |
| TITLE | | DELFTE | 6 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADORESS | | |
| CITY - ST - ZIP | | | 6.4 CHY-SI-ZIP | | |
| 14. I do hereb | y certify that the information supplied | ed with this filing is voluntarily for | urnished and does not qualify for | or the exemption stated in Section 119 is and that my signature shall have the | :07(3)(k), Florida Statutes. I further |
| oath: that l | the information indicated on this all Lam an officer or director of the co Block 12 or Block 13 if changed, (| rporation or the receiver or tru: | stee empowered to execute this | report as required by Chapter 607, F | lorida Statutes, and that my name |

SIGNATURE: MUSCUL MAN SEC

Ann Sedlmayr

4/22/96

813-875-0810

Daytes Provide

CR2E034 (12/95)