

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L55496 (8)

1. Corporation Name

KENNETH CITY BOWL, INC.



Principal Place of Business

Mailing Address

% GERALD C. KRAUSS
8668 PARK AVE., SUITE K
SEMINOLE FL 34647

% GERALD C. KRAUSS
8668 PARK AVE., SUITE K
SEMINOLE FL 34647

3. Date Incorporated or Qualified
03/07/1990

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **5890 54th Ave. No.**

26 **5890 54th Ave. No.**

4. FEI Number

65-0183583

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Kenneth City, Florida**

28 **Kenneth City, Florida**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33709**

25 **Pinellas**

29 **33709**

30 **Pinellas**

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

**BOJE, WILLIAM H
609 CRATER LANE
~~SUITE K~~
TAMPA FL 33619**

Delete This

81 Name

William H. Boje

82 Street Address (P.O. Box Number is Not Acceptable)

609 Crater Lane

83

84 City

Tampa

FL

85 Zip Code

33619

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 filer if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOJE, WILLIAM H.	
STREET ADDRESS	1101 62ND AVE. S.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	BOJE, JEFFREY	
STREET ADDRESS	1101 62ND AVE S	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	KRAUSS, KEVIN	
STREET ADDRESS	8668 PARK BLVD.	
CITY - ST - ZIP	SEMINOLE FL	
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		

1.1 TITLE	Director, Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William H. Boje	
1.3 STREET ADDRESS	609 Crater Lane	
1.4 CITY - ST - ZIP	Tampa, Florida 33619	
2.1 TITLE	Director, President, Sec., Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeffrey W. Boje	
2.3 STREET ADDRESS	609 Crater Lane	
2.4 CITY - ST - ZIP	Tampa, Florida 33619	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

William H. Boje

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-96 (813)621-2363

Date

Daytime Phone #

CR2E034 (12/95)