
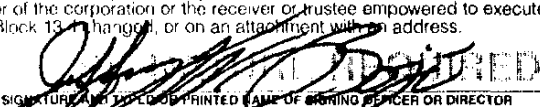


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L55496</b> (8)			
1. Corporation Name <b>KENNETH CITY BOWL, INC.</b>			
Principal Place of Business <del>5890 54TH AVE. NO. 6668 PARK AVE. SUITE K KENNETH CITY FL 33709 US</del> <i>Delete This Line</i> <b>5890 54th Ave. No.</b>		Mailing Address <del>5890 54TH AVE. NO. 6668 PARK AVE. SUITE K KENNETH CITY FL 33709-1802 US</del> <i>Delete This Line</i> <b>5890 54th Ave. No.</b>	
2. Principal Place of Business 21 <b>NONE</b> Suite, Apt. #, etc. 22 <b>Kenneth City, FL</b> City & State 23 <b>33709 Pinellas</b> Zip Country		2a. Mailing Address 25 <b>5890 54th Ave. No.</b> Suite, Apt. #, etc. 27 <b>NONE</b> City & State 28 <b>Kenneth City, FL</b> Zip Country 29 <b>33709</b> 30 <b>Pinellas</b>	
9. Name and Address of Current Registered Agent <b>BOJE, WILLIAM H 609 CRATER LANE TAMPA FL 33619</b>			
10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <b>FL</b> B5 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 11 TITLE <input type="checkbox"/> DELETE 12 NAME <b>DVP BOJE, WILLIAM H.</b> 13 STREET ADDRESS <b>609 CRATER LANE</b> 14 CITY-ST-ZIP <b>TAMPA FL</b> 15 TITLE <input type="checkbox"/> DELETE 16 NAME <b>DPST BOJE, JEFFREY</b> 17 STREET ADDRESS <b>609 CRATER LANE</b> 18 CITY-ST-ZIP <b>TAMPA FL</b> 19 TITLE <input type="checkbox"/> DELETE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE <input type="checkbox"/> DELETE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE <input type="checkbox"/> DELETE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <b>President, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME <b>William H. Boje</b> 13 STREET ADDRESS <b>609 Crater Lane</b> 14 CITY-ST-ZIP <b>Tampa, FL 33619</b> 15 TITLE <b>Sec./Pres., Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16 NAME <b>Jeffrey W. Boje</b> 17 STREET ADDRESS <b>609 Crater Lane</b> 18 CITY-ST-ZIP <b>Tampa, FL 33619</b> 19 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP			
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, unchanged, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

3-5-97 (813) 621-2363  
Date Daytime Phone

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