FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:49

DOCUMENT # N94000002625 (1)

1. Corporation Name
CARLTON ARMS BINGO ASSOC. INC.

Principal Place of Business	Mailing Address
7212 CARLTON ARMS DR. NEW PORT RICHEY FL 34653	7212 CARLTON ARMS DR. NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report:
4. FEI Number: 59-3264384 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

SMITH, ALAN
7212 CARLTON ARMS DR.
NEW PORT RICHEY FL 34653

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: Alan Smith — ALAN Smith Exec. Dir. — 1/20/95
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	P	11 TITLE	D P ☐ Change ☑ Addition
NAME	GIFFORD, JOHN	12 NAME	GIFFORD John
STREET ADDRESS	7648 HARDAWAY DR.	13 STREET ADDRESS	7648 HARDAWAY DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	14 CITY-ST-ZIP	New Port Richey FL 34653
TITLE	V	21 TITLE	D V ☐ Change ☑ Addition
NAME	WALSH, WILLIAM	22 NAME	WALSH William
STREET ADDRESS	7654 HARDAWAY DR.	23 STREET ADDRESS	7654 HARDAWAY DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	24 CITY-ST-ZIP	New Port Richey FL 34653
TITLE	ST	31 TITLE	D ST ☐ Change ☑ Addition
NAME	MOSER, ROBERT	32 NAME	MOSER Robert
STREET ADDRESS	7230 CARLTON ARMS DR.	33 STREET ADDRESS	7230 CARLTON ARMS DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	34 CITY-ST-ZIP	New Port Richey FL 34653
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 hereinabove, or on an attachment with an address.

SIGNATURE: John A. Gifford — John A. GIFFORD — 1-20-95 — 813 347 6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007407