

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014582 (0)

1. Corporation Name:

GULF STATES BINGO SUPPLIES, INC.

Principal Place of Business:

200 PENSACOLA BCH BLVD.
D-5
GULF BREEZE FL 32561

Mailing Address:

200 PENSACOLA BCH BLVD.
D-5
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3163392

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 in Fee

8. The corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business:

21 698 E. Heinberg St.

2a. Mailing Address:

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

101

27 Suite, Apt. #, etc.

23 City & State

PENSACOLA FL

28 City & State

24 Zip

32501

25 Country

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

LANGSTON, YANCEY F
220 WEST GARDEN STREET
SUN BANK TOWER 9TH FLOOR
PENSACOLA FL 32501

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 607.0509, Florida Statutes.

SIGNATURE:

(Signature of Agent, if corporation is not a corporation, then the agent)

(Signature of Agent, if corporation is not a corporation, then the agent)

(Signature of Agent, if corporation is not a corporation, then the agent)

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
WALTERS, DIXON L.
200 PENSACOLA BEACH RD D-5
GULF BREEZE FL

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. 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)(b), 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. 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, changed, or on an attachment with address.

SIGNATURE:

Dixon L. Walters
DIXON L. WALTERS

1-15-95

904 432 1950