

FILED
May 22 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 # P93000008972 (0)					
1. Corporation Name GAME PALACE, INC.					
Principal Place of Business 148 MOSLEY ROAD GRAY TN 37815			Mailing Address P.O. BOX 8607 GRAY TN 37815-0607		
2. Principal Place of Business			3a. Date of Last Report 01/30/1996		3. Date Incorporated or Qualified 02/01/1993
21. Suite, Apt. #, etc.			2a. Mailing Address		4. FEI Number 62-1522288
22. City & State			26. Suite, Apt. #, etc.		Applied For ☐ Not Applicable
23. Zip			27. City & State		5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required
24. Country			28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
25. Country			29. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
26. Country			30. Country		
8. Name and Address of Current Registered Agent WHITE, DANNY K 8523 WEST HIGH 88-A PANAMA CITY BEACH FL 32407			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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
900002202173 -06/05/97--01002--001 ***550.00					
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 it were signed by me in person.					