

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000051900 (7)

1. Corporation Name

BOX SEATS, INC.

95 JUN 15 11:57

Principal Place of Business

2045 BAYVIEW ROAD
JACKSONVILLE FL 32210

Mailing Address

2045 BAYVIEW ROAD
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
08/02/1994

4. FEI Number
59-3191564

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

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

WIGGINS, BILLY H
2045 BAYVIEW ROAD
JACKSONVILLE FL 32210

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

Anne H. Camp

NOTE: Registered Agent signature required when resigning.

06/10/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	WIGGINS, BILLY H	2045 BAYVIEW ROAD	JACKSONVILLE FL 32210
VD	CAMP, TERRY L	2045 BAYVIEW ROAD	JACKSONVILLE FL 32210
SD	WIGGINS, KRISTIE C	2045 BAYVIEW ROAD	JACKSONVILLE FL 32210
TD	CAMP, ANNE H	2045 BAYVIEW ROAD	JACKSONVILLE FL 32210

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	1 TITLE	1 NAME	1 STREET ADDRESS	1 CITY - ST - ZIP
2	2 TITLE	2 NAME	2 STREET ADDRESS	2 CITY - ST - ZIP
3	3 TITLE	3 NAME	3 STREET ADDRESS	3 CITY - ST - ZIP
4	4 TITLE	4 NAME	4 STREET ADDRESS	4 CITY - ST - ZIP
5	5 TITLE	5 NAME	5 STREET ADDRESS	5 CITY - ST - ZIP
6	6 TITLE	6 NAME	6 STREET ADDRESS	6 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 110.07(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, 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:

Anne H. Camp ANNE H. CAMP

06/10/95 9043889354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR