SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

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

1996 6-21-96 P 7057

DOCUMENT # **P93000051900 (7)**

1. Corporation Name

BOX SEATS, INC.

Principal Place of Business	Mailing Address
2045 BAYVIEW ROAD JACKSONVILLE FL 32210	2045 BAYVIEW ROAD JACKSONVILLE FL 32210

2. Principal Place of Business
21 4329 BLANDING Blvd.
22
23 City & State: Jacksonville, FL
24 Zip: 32210
25 County: Duval

2a. Mailing Address
26 4329 BLANDING Blvd.
27
28 City & State: Jacksonville, FL
29 Zip: 32210
30 County: Duval

3. Date Incorporated or Qualified: 07/19/1993

3a. Date of Last Report: 06/15/1995

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/has no employees for purposes of chapter 443, Florida Statutes ☐ Yes ☒ No

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): 4329 BLANDING Blvd.
83
84 City: Jacksonville FL 85 Zip Code: 32210

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: Kristie C. Wiggins 6/17/96

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	TD	☐ Change ☒ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VD	☐ Change ☒ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 if changed or added to the report or on an attachment with an address.

SIGNATURE: Kristie C. Wiggins 6/17/96 (904)908-7328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #