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Mailing Address
4329 BLANDING BLVD

JACKSONVILLE FL 32210-7332

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051900 (7)

BOX SEATS, INC.

Principal Place of Business

4329 BLANDING BLVD JACKBONVILLE FL 32210

3. Date Incorporated or Qualified 3a. Date of Last Report 07/19/1993 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3191564 21 26 ot Applicable Suite, Apt #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 210 Zip Country 8. This corporation has liability for intangible tax under s. 199.032 No Yes 24 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WIGGINS, BILLY H 4329 BLANDING BLVD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 R3 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida 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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of teg stered agent and title if applicable (NOTE: Registrated Agend a quature required whom reliestating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 141E WIGGINS, BILLY H NAME 1.2 NAME CR2E034 2045 BAYVIEW ROAD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 C(1Y - S1 - Z)P DLUETE Addition Change TITLE 2.1 HILE WIGGINS, KRISTIE C NAME 2.2 NAME 2045 BAYVIEW ROAD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2 4 CHY-SL-ZIP CITY-ST-ZIP 🔲 DELETL ☐ Change Addition TITLE 3 I THUE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. C-TY - ST - ZIP DELE16 Change Addition TIFI F 4.1 101.6 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y+S1-70) DELETE 5.1 1111.6 ___ Addition 5.2 NAME NAME -07/03/97--01002--002 5.3 STREET ADDRESS STREET ADDRESS ***50.00 CITY-ST-ZIP 5.4 C/TY+ST+Z/P DELETE Addition 6.1 HHE TITLE 6000022295\$**6** NAME 6.2 NAME -07/03/97--01002--003 STREET ADDRESS ***500.00 CITY-ST-ZIF

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 is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an efficient or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in thanged, or on an attachment with an address.

SIGNATURE.

FILED

Jul 02 1997 8:00am

Secretary of State