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1996 APR 26 PM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000053556 (5)

1. Corporation Name

FLORIDA RIVERBOAT CORPORATION

Principal Place of Business

20751 STATE RD. 520
SUITE 110
ORLANDO FL 32833

Mailing Address

20751 STATE RD. 520
SUITE 110
ORLANDO FL 32833

3. Date Incorporated or Qualified
07/30/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3206662

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, LEWIS M III
20751 STATE RD. 520
SUITE 112
ORLANDO FL 32833

81 Name CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYES STREET

83

84 City TALLAHASSEE

FL

85 Zip Code
32301

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

Paul Sheehy
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

GAIL SHELBY, AS AGENT

DATE

4/26

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME BRALEY, GERALD B
STREET ADDRESS 1943 GREENMEADOW LN.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

VPC
NAME NIEMEYER, WILLIAM D
STREET ADDRESS 11 SURREY LN.
CITY-ST-ZIP E. PEORIA IL

TITLE ☐ DELETE

VPD
NAME BRANNAN, MONTE' J
STREET ADDRESS 7241 S. LAKESIDE CT.
CITY-ST-ZIP PEORIA IL

TITLE ☐ DELETE

VPD
NAME JAMISON, JERRY J
STREET ADDRESS 8183 FRANK CT.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

D
NAME HAHN, ARTHUR B JR.
STREET ADDRESS 256 COLLEGE LN.
CITY-ST-ZIP MOBILE AL

TITLE ☒ DELETE

T
NAME OLIVER, LEWIS M III
STREET ADDRESS 4709 CAPRI PL.
CITY-ST-ZIP ORLANDO FL

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME GOMEZ, GRANT
1.3 STREET ADDRESS 5926 BALCONES, SUITE 110
1.4 CITY-ST-ZIP AUSTIN, TX 78731

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

400001796074

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****200.00 ☐ Change ☐ Addition

4.1 TITLE
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

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)(k), 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: *William D. Niemeyer*

William D. Niemeyer 4/24/96 (312) 527-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

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