FILED Apr 27, 1999 8:00 am

Secretary of State

04-27-1999 90032 035 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Mailing Address

STF 140

605 MARKET STREET

**CELEBRATION FL 34747** 

**PROFIT** CORPORATION AN YUAL REPORT

1999

Principal Place of Business

TREAGURE - GLAND PL 33706

10099 GULF BLVD

CITY-ST-ZIP

STREET ADORES

CITY-ST-71P

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000062430 1. Corporation Name

VICTORY LANE OF TREASURE ISLAND, INC.

OS MARKETST STE 140 US 3. Date Incorporated or Qualifed FL. 34747 FLEBRATION 09/02/1993 2a. Mailing Address 4. FEI Number Apr lied For 605 MARKET 26 Not Applicable 59-3 198553 Suite JA at. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certifcate of Status Desired 40 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be DEDEBRATION Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This ecrporation owes the current year intangible Bucenia ☐ Yes ∫₹No 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MATHISON, GERALD E Street Acdress (P.O. Box Number is Not Acceptable) 82 605 MARKET STREET, STE 140 **CELEBRATION FL 34747** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTI - Registered Agent signature required when reinstating) Signature, typed or printed nar ie of registered agent, and title if applicable ADDITIONS/CHANGES TO OFFICERS (IND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE TITLE 1.1 TITLE NAME MATHISON, GERALD E 1.2 NAME 605 MARKET STREET, STE 140 1.3 STREET ADDRESS STREET ADDRESS CELEBRATION FL 34747 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE 2.1 TITLE ☐ Addition TITLE 605 MARKETST STE CELEBROATION FL 34 NAME MATHISON, DOROTHY L 22 NAME 10000 GULF BLVD-2.3 STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 5.1 TITLE ☐ Addition TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

14. I 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 a mual 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 e recute this report as required by Chapter 607, Florida Statutes; and that my name appears in

☐ DELETE

anged, ocon an attachment with an address, with all other like empowered. SIGNATURE:

☐ Change

☐ Addition

CR2E034 (11/98)