FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:23

DOCUMENT # **P94000037471 (7)**

1. Corporate Name
TOWN-N-COUNTRY BILLIARDS, INC.

Principal Place of Business
6802 W HILLSBOROUGH AVENUE
SUITE 7
TAMPA FL 33634

Mailing Address
6802 W HILLSBOROUGH AVENUE
SUITE 7
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3260257
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. The corporation has a class for shareholders pursuant to section 607.0501 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
VARNADORE, KEVIN G
2335 SYDNEY DOVER ROAD
DOVER FL 33527

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 607.0505 and 607.1008, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Registered Agent signature required if agent is changed. DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VARNADORE, KEVIN G
STREET ADDRESS	2335 SYDNEY DOVER ROAD
CITY ST ZIP	DOVER FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is substantially formatted and does not conflict, for the purposes of chapter 607, Florida Statutes, I further certify that the information indicated on the 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 of the report or is attached with my address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0302190 CP