FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091024 (7)

1. Corporation Name

DIXIE DUCK SHOWBOAT & CASINO, INC.

Principal Place of Business	Mailing Address
2070 RINGLING BLVD. SARASOTA FL 34237	2070 RINGLING BLVD. SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1994
3a. Date of Last Report:

2. Principal Place of Business 21 590 Dodecanese Blvd.	2a. Mailing Address 26 590 Dodecanese Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tarpon Springs, FL	City & State 28 Tarpon Springs, FL
Zip / Country 24 34689 / 25	Zip / Country 29 34689 / 30

4. FEI Number: 65-0542426 ☐ 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

9. Name and Address of Current Registered Agent

PEAL, GARY W
2070 RINGLING BLVD.
SARASOTA FL 34237

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and the date of signing (NOTE: Registered Agent's signature required when qualifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/C/S/T ☒ Change ☐ Addition
NAME	BONO, RANDALL A	12 NAME	Bono, Randall A.
STREET ADDRESS	1516 SOUTH BAY DRIVE	13 STREET ADDRESS	590 Dodecanese Boulevard
CITY-ST-ZIP	OSPREY FL 34229	14 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D	21 TITLE	D/P ☒ Change ☐ Addition
NAME	MEISENHEIMER, RICHARD	22 NAME	Meisenheimer, Richard
STREET ADDRESS	1516 SOUTH BAY DRIVE	23 STREET ADDRESS	590 Dodecanese Boulevard
CITY-ST-ZIP	OSPREY FL 34229	24 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

PLEASE SIGN & DATE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Randall A Bono Treas. 2/20/95 (813) 942-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Area Code & Daytime Phone Number
Randall A. Bono

0342764 CF