## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra R. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #  1. Corporation Name	P95000006765	(8)
Dreamland Skatin	IG CENTER, INC.	

Principal Place of Business 2607 E OLIVE ROAD PENSACOLA FL 32504

2. Principal Place of Business

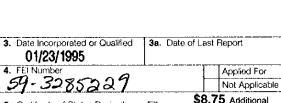
21

Mailing Address

2a. Mailing Address

2:6

2607 E OLIVE ROAD PENSACOLA FL 32504



85

Zip Code

2	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
3	City & State		28	City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
4	Zip	Country 25	2:9	Zip 30	Count	ry			This corporation has liability for Florida Statutes	intangible ta	x under s 199.032,	
9, Name and Address of Current Registered Agent					T		1	10. Name and Address of New Registered Agent				
******				and additionable for a field below 15 / All VV IV VV VV IV IV VV VV IV VV IV IV VV IV I	8	11	Name					
2607 E OLIVE ROAD												
PENSACOLA FL 32504				8	13							

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.

City

SIGNATURE				. ,			
	Signature, typed or printed name of registered agent and litt	e if applicable (NOT	E: Ricgistered Agent signature recuired		DATE.		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1, 1 TITLE		Change	Addition	
NAME	ramsey, wayne		1.2 NAME				
STREET ADDRESS	462 BANKHEAD HWAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	MABLETON GA 30059		1.4 CHY-ST-ZIP				
TITLE	D	DELETE	2. 1 TITLE		Change	Addition	
NAME	MORGAN, WILLIAM M		2.2 NAME				
STREET ADDRESS	#8 AGNUS STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	GREENVILLE SC 29611		24 CITY-ST-ZIP				
TITLE		DELETÉ	3 1 THLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3. STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-7IP		Marie 2000/2011 12 Marie 2000 10 To		
TITLE		DELETE	4. 1 TITLE		Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 C(1) Y - ST - Z(P				
TITLE		☐ DELE1E	5 1 THILE		☐ Change	Addition	
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				

64 CITY-ST-ZIP CITY-ST-ZIP 14. To 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 certify 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 THUE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

in el l

DELE 1E

CArol R. Caldwell 4/30/94 (904)4783994

Change

☐ Addition

CR2E034 (12/95)