

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007480 (3)

1. Corporation Name

STIX BILLIARDS, INC.



Principal Place of Business

5501 GULF BLVD., SUITE 214
ST. PETERSBURG BEACH FL 33706

Mailing Address

270 JULIA CIRCLE SOUTH
ST. PETERSBURG BEACH FL 33706

3. Date Incorporated or Qualified
01/25/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21

Suite, Apt. #, etc.

114

23. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

114

27. City & State

27

Zip

Country

29

30

4. FEI Number

59-3294538

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

MCKINNEY, RONALD L
270 JULIA CIRCLE SOUTH
ST. PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

81. Name

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

5501 Gulf Blvd

114

84. City

St. Pete Beach

FL

85. Zip Code

33706

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

Signature, typed or printed name of registered agent and, if not applicable, the corporation's registered agent.

(If not applicable, the registered agent's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

MCKINNEY, RONALD L

STREET ADDRESS

270 JULIA CIRCLE SOUTH

CITY - ST - ZIP

ST. PETERSBURG BEACH FL 33706

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Secretary / Director

☐ Change

☒ Addition

1.2 NAME

Cathy L. McKinney

1.3 STREET ADDRESS

865 67th St. South

1.4 CITY - ST - ZIP

St. Petersburg FL 33707

2.1 TITLE

Pres. / Director

☒ Change

☐ Addition

2.2 NAME

Ronald L. McKinney

2.3 STREET ADDRESS

865 67th St. South

2.4 CITY - ST - ZIP

St. Petersburg, FL 33707

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. McKinney, President

4/30/96

(813) 360-4462

CR2E034 (12/95)