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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000035876 (8)

1. Corporation Name

RINK DEVELOPMENT & MANAGEMENT, INC.

Principal Place of Business

1675 KINGSTON ROAD
LONGWOOD FL 32750

Mailing Address

P.O. BOX 161804
ALTAMONTE SPRINGS FL 32716-1804



2. Principal Place of Business

21 2200 Lucien Way

2a. Mailing Address

Suite, Apt. #, etc.

22 350

City & State

23 Maitland, Florida

City & State

Zip

24 32751

Country

25 USA

Zip

29

Country

30

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3313967

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

HARPER, CAROL B
1675 KINGSTON ROAD
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

DODSON, T. JEFFERY

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

1675 Kingston Road

83

84 City

Longwood

FL

85 Zip Code

32750

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE PVTS ☒ DELETE
NAME HARPER, CAROL B
STREET ADDRESS 1675 KINGSTON ROAD
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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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 PVTS ☒ Change ☐ Addition
1.2 NAME DODSON, T. JEFFERY
1.3 STREET ADDRESS 2200 LUCIEN WAY, SUITE #50
1.4 CITY-ST-ZIP MAITLAND, FL 32751

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. JEFFERY DODSON

4/29/97

(407) 875-9989

Date

Daytime Phone

CR2E034 (9/96)