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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000062972 (1)**

1. Corporation Name

**LEXINGTON BINGO, INC.**



Principal Place of Business

**217-A INTENDENCIA STREET  
PENSACOLA FL 32501**

Mailing Address

**217-A INTENDENCIA STREET  
PENSACOLA FL 32501**

3. Date Incorporated or Qualified

**08/14/1995**

3a. Date of Last Report

**04/12/1996**

2. Principal Place of Business

**21 4125 Baisden Road**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

4. FEI Number

**61-1296963**

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

**JESMONTH, RICHARD E  
217-A INTENDENCIA STREET  
PENSACOLA FL 32501**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MASINO, LARRY L**  
STREET ADDRESS **109 "H" RACETRACK ROAD**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

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 ☒ Change ☐ Addition  
1.2 NAME **President**  
1.3 STREET ADDRESS **Larry L. Masino**  
1.4 CITY-ST-ZIP **4125 Baisden Road**

2.1 TITLE **Pensacola, Florida** ☐ Change ☐ Addition  
2.2 NAME **32547**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **200002145192--S**  
4.3 STREET ADDRESS **-04/16/97--01091--012**  
4.4 CITY-ST-ZIP **\*\*\*1080.00 \*\*\*165.00**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS

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, changed, or both in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**LARRY MASINO**

Date

Daytime Phone

0511808

CR2E0303(9/96)