Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90056 008 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000062972

1. Corporation Name

LEXINGTON BINGO, INC.							
Principal Place of Business Mailing A	Address			- ( 1991;681 ;18 16191 91111 86111 93111 8	1811 AB119 B111A 1191A	(813) (88	11 <b>0</b> (10) 1001
4125 BAISDEN ROAD PENSACOLA FL 32547  4125 BAISDEN ROAD PENSACOLA FL 32547				DO NOT WRITE	IN THIS SPACE	Ē	
				3. Date Incorporated or Qualifed 08/14/1995			
2. Principal Place of Business 2a. Mailir	ng Address			4. FEI Number		Appl	ied For
21				61-1296963	_[	Not A	Applicable
	e, Apt. #, etc.			5. Certifcate of Status Desired	1 1		ditional
27				5. Certificate of Castos Desired	Fe	e Req	uired
City & State City & 28	& State			Election Campaign Financing     Trust Fund Contribution		. <b>00</b> м ded to	
Zip Country Zip	(	Country		8. This corporation owes the current	t vear Intangible		
24 25 29	30	•		Personal Property Tax.	Yes	; [	□No
9. Name and Address of Current Registered	11			10. Name and Address of New Reg	gistered Agent		
		81	Name				
JESMONTH, RICHARD E		82	Street Addres	ss (P.O. Box Number is Not Acceptable	e)		
217-A INTENDENCIA STREET		102	Street Addres	33 (1.0. Box realitibet to receive operation	٠,		
PENSACOLA FL 32501		83					
11. Pursuant to the provisions of Sections 607,0502 and 607,150	08, Florida Statutes, th	84 ne above	City	ration submits this statement for the pu	FL [	Zip Co	egistered
Pursuant to the provisions of Sections 607.0502 and 607.150 office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE    Signature, typed or printed name of registered agent and title if applications.	ch change was authori on 607.0505, Florida S	ne above ized by Statutes.	named corpor the corporation	n's board of directors. I nereby accept t	rpose of changir the appointment	ng its re as regi	egistered stered
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE	ch change was authorion 607.0505, Florida S  able. (NOTE: Regist	ne above ized by Statutes.	named corpor the corporation	ns board of directors. I nereby accept t	Irpose of changir the appointment  DATE  CERS AND DIRE	ng its regis	egistered stered
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applications.  OFFICERS AND DIRECTOR  TILE  D	ch change was authorion 607.0505, Florida S	ne above ized by Statutes.	named corpor the corporation	n's board of directors. I nereby accept t	rpose of changir the appointment	ng its regis	egistered stered
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applications.  12. OFFICERS AND DIRECTOR TITLE D  NAME MASINO, LARRY L	ch change was authorion 607.0505, Florida S    NOTE: Regis   DELETE   1	ne above ized by Statutes. tered Agent	named corpor the corporation	n's board of directors. I nereby accept t	Irpose of changir the appointment  DATE  CERS AND DIRE	ng its regis	egistered stered
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applical OFFICERS AND DIRECTOR TITLE  NAME  MASINO, LARRY L  STREET ADDRESS 4125 BAISDEN ROAD	ch change was author on 607.0505, Florida S white. (NOTE: Regist RS 1  DELETE 1	ne above ized by i Statutes. Itered Agent 13.	e-named corporation	n's board of directors. I nereby accept t	Irpose of changir the appointment  DATE  CERS AND DIRE	ng its regis	egistered stered
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applications.  OFFICERS AND DIRECTOR TITLE  NAME  MASINO, LARRY L	ch change was author on 607.0505, Florida S  bile. (NOTE: Regist  DELETE 1  1	ne above ized by f Statutes. tered Agent 13. 1.1 TITLE	e-named corporation the corporation at signature required to	n's board of directors. I nereby accept t	Irpose of changir the appointment	ng its regis as regis ECTOR ange	egistered stered  S IN 12  Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applications of the success of the succes	ch change was author on 607.0505, Florida S  bible. (NOTE: Registed S  DELETE 1  1	ne above ized by istatutes.  Itered Agent 13.  I.1 TITLE 12 NAME	e-named corporation the corporation at signature required to	n's board of directors. I nereby accept t	Irpose of changir the appointment  DATE  CERS AND DIRE	ng its regis as regis ECTOR ange	egistered stered
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applications of the success of the succes	ch change was author on 607.0505, Florida S  able. (NOTE: Regist  DELETE 1  DELETE 1  DELETE 2	ne above ized by i Statutes. In TITLE 12 NAME 1.3 STREET	e-named corporation the corporation at signature required to	n's board of directors. I nereby accept t	Irpose of changir the appointment	ng its regis as regis ECTOR ange	egistered stered  S IN 12  Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  MASINO, LARRY L  4125 BAISDEN ROAD  PENSACOLA FL 32547	ch change was author on 607.0505, Florida S    NOTE: Regist   DELETE	ne above ized by is statutes. Statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST	a-named corporation the corporation t signature required v  ADDRESS 1-ZIP	n's board of directors. I nereby accept t	Irpose of changir the appointment	ng its regis as regis ECTOR ange	egistered stered  S IN 12  Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR	ch change was author on 607.0505, Florida S	ne above ized by 5 Statutes. Identification of the state of the Identification of the state of the Identification of the state of the Identification of the state of the state of the Identification of the state of	a-named corporation the corporation t signature required v  ADDRESS	n's board of directors. I nereby accept t	TL Urpose of changir the appointment.  DATE CERS AND DIRE Change	ng its regisers regis	sgistered stered  S IN 12 Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR	ch change was author on 607.0505, Florida S    NOTE: Regist   DELETE	ne above ized by 5 Statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.2 NAME 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE	a-named corporation the corporation t signature required v  ADDRESS	n's board of directors. I nereby accept t	Irpose of changir the appointment	ng its regisers regis	egistered stered  S IN 12  Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP.  SIGNATURE  Signature, typed or printed name of registered agent and title if applications of the printed printed printed in the printed prin	ch change was author on 607.0505, Florida S    NOTE: Regist   DELETE	ne above ized by is statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	- named corpor the corporation t signature required v	n's board of directors. I nereby accept t	TL Urpose of changir the appointment.  DATE CERS AND DIRE Change	ng its regisers regis	sgistered stered  S IN 12 Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR	ch change was author on 607.0505, Florida S    NOTE: Regist   DELETE	ne above ized by is statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP TADDRESS	n's board of directors. I nereby accept t	TL Urpose of changir the appointment.  DATE CERS AND DIRE Change	ng its regisers regis	sgistered stered  S IN 12 Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR D	ch change was author on 607.0505, Florida S    NOTE: Regist   DELETE	ne above ized by is statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.2 NAME	ADDRESS T-ZIP TADDRESS	n's board of directors. I nereby accept t	TL Urpose of changing the appointment.  DATE  CERS AND DIRE  Changing Chang	ector ange	sgistered stered  S IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR D	ch change was author on 607.0505, Florida S    NOTE: Regist   DELETE	ne above ized by i Statutes.  Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-ST  3.1 TITLE  3.3 STREET  3.4 CITY-ST  4.1 TITLE	ADDRESS T-ZIP TADDRESS	n's board of directors. I nereby accept t	TL Urpose of changir the appointment.  DATE CERS AND DIRE Change	ector ange	sgistered stered  S IN 12 Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR D	ch change was author on 607.0505, Florida S    NOTE: Regist   DELETE	ne above ized by i Statutes.  Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  3.3 STREET  3.4 CITY-S  3.1 TITLE  3.4 CITY-S  4.1 TITLE	-named corporation the corporation t signature required v t signature required v T ADDRESS T-ZIP T-ZIP T-ZIP T-ZIP	n's board of directors. I nereby accept t	TL Urpose of changing the appointment.  DATE  CERS AND DIRE  Changing Chang	ector ange	sgistered stered  S IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR D	ch change was author on 607.0505, Florida S    NOTE: Regist   DELETE	ne above ized by i Statutes.  Statutes.  13.  11 TITLE  12 NAME  13 STREET  14 CITY-ST  21 TITLE  22 NAME  23 STREET  33 STREET  34 CITY-S  31 TITLE  42 NAME  43 STREET  43 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby accept t	TL Urpose of changing the appointment.  DATE  CERS AND DIRE  Changing Chang	ector ange	sgistered stered  S IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR D	ch change was author on 607.0505, Florida S    NOTE: Regist   DELETE	ne above ized by is statutes.  Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  3.3 STREET  3.4 CITY-S  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET  4.4 CITY-S  4.4 CITY-S  4.4 CITY-S  4.4 CITY-S  4.4 CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby accept t	DATE CERS AND DIRE Chi	ng its regii	sgistered stered  S IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Suc agent. I am familiar with, and accept the obligations of, Section SIGNATURE  Signature, typed or printed name of registered agent and title if applications. OFFICERS AND DIRECTOR D	ch change was author on 607.0505, Florida S    NOTE: Regist   DELETE	ne above ized by i Statutes.  Statutes.  13.  11 TITLE  12 NAME  13 STREET  14 CITY-ST  21 TITLE  22 NAME  23 STREET  33 STREET  34 CITY-S  31 TITLE  42 NAME  43 STREET  43 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby accept t	TL Urpose of changing the appointment.  DATE  CERS AND DIRE  Changing Chang	ng its regii	sgistered stered  S IN 12 Addition Addition

CITY-ST-ZIP 14. I 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 affect 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 by on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

m.E

NAME

Change

☐ Addition