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

PROFIT CORPORATION ANNUAL REPORT:

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000047505

THE ROSE BOWL, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MILTON FL 32570

21

Principal Place of Business 114 JONES AVENUE

Mailing Address

114 JONES AVENUE MILTON FL 32570

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90031 005 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

05/30/<u>1996</u>

59-3372119

4. FEI Number

3		28				Trust Fund Contribution	<del></del>	Adota is	
Zip	Country	Zip	— <del></del>	country		8. This corporation owes t	he current year in		□No
4	25	29	30			Personal Property Tax.			
<u>- 1</u>	9. Name and Address of Current	Registered Age	nt	Щ.		10. Name and Address of	New Registered	Agent	<del></del>
		347070	<b>:</b>	81	Name				
FULFORD, DONNA				82	Street Addre	ess (P.O. Box Number is Not	Acceptable)		
114 JONES AVENUE					The state of the s			<del>218 (1) (1) -</del>	
MILT	ON FL 32570		•	83		で独立機能			
				04	O:h.	1, 1 5 50 67 84 50 	1 2 2 1 1 7 1 1 1 2 2 2 2 2 2 2 2 2 2 2	85 Zip C	ode
				84	City		Fl	_   `	
	to the provisions of Sections 607.0502 egistered agent, or both, in the State o				named corporation	pration submits this statement n's board of directors. I hereb	for the purpose o y accept the appo	changing its intment as rec	registered jistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 60	07.0505, Florida S	tatutes.		•			
SIGNATURE						when reinstalled	DATE		<del></del>
	Signature, typed or printed name of registered agent			ered Agen 13.	signature required	ADDITIONS/CHANGES		ND DIRECTO	RS IN 12
12.	OFFICERS AND			1 TITLE	<del></del>			Change	Addition
TITLE	D	L	-		Į				
NAME	FULFORD,		<b>.</b>	.2 NAME					
STREET ADDRESS	1463 LEWIS ROAD				ADDRESS				
CITY-ST-ZIP	MILTON FL 32570			4 CITY-ST	ZiP	<u>.</u>		Change	Addition
TITLE	<b>D</b> .	L		.1 TITLE				الم منات	
NAME	MCDONALD, DENISE		2	.2 NAME					
STREET ADDRESS	1451 LEWIS ROAD		2	3 STREET	ADDRESS				
CITY-ST-ZIP	MILTON FL	15 James 18 18 18 18 18 18 18 18 18 18 18 18 18		. 4 CITY-S	T-ZIP		<u> </u>	Change	Addition
TITLE	D. CAUTH MADCADET M	- P - 1 - 1 - E	DELETE 3	1,1 TITLE				☐ Citalige	
NAME	SMITH, MARGARET M		3	.2 NAME					
STREET ADDRESS	AAA MAADIOOM ATDEET		3	3.3 STREET	ADDRESS		in this man	CHERRY.	
CITY-ST-ZIP	MILTON FL 32570		3	3.4. CITY-S	T-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. s{: 1 1 1 1 4 s\$	- 5.1 187年 <u>級</u>	MINAMU
TITLE			DELETE	I.1 TITLE			स्तर्भ हैं है है है है	Change'	Addition
NAME				. 2 NAME					
STREET ADDRESS	E."	् अस्ति		1.3 STREE	ADDRESS	•			
CITY-ST-ZIP		•	1.	4.4 CITY-S	T-ZIP				
TITLE			DELETE !	5.1 TITLE				☐ Change	Addition
NAME		•	!	5.2 NAME		the training of the		,	
		,		5.3 STREE	TADORESS		•		
STREET ADDRESS	D WENE			5.4 CITY-S	T- <b>Z</b> IP	,			
CITY-ST-ZIP	FERT WEREN	<del></del>		6.1 TITLE				Change	Additio
TITLE 1.	100000000000000000000000000000000000000	_		6.2 NAME			•		
NAME ·	The restriction of the				TADDRESS				
			<b>H</b> '	9.5 5 111EL					
STREET ADDRESS	A		I.	6.4 CITY-S	T.710				

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

850 626-1797 Date Daytime Phon