

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG 15 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000071501 (6)

1. Corporation Name
BOWLIN' PLACE, INC.

Principal Place of Business
1116 SOUTH 14TH STREET
FERNANDINA BEACH FL 32034

Mailing Address
1116 SOUTH 14TH STREET
FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|--|---|--|--|--|--------------------------------|--|
| 2. Principal Place of Business 21 1112 South 14th St. Suite, Apt. #, etc. 22 City & State 23 FERNANDINA Beach FL Zip 24 32034 Country 25 NASSAU | | 2a. Mailing Address 26 1112 South 14th St. Suite, Apt. #, etc. 27 City & State 28 FERNANDINA Beach FL Zip 29 32034 Country 30 NASSAU | | 3. Date Incorporated or Qualified 08/26/1996 | | 3a. Date of Last Report | |
| | | | | 4. FEI Number 59-340-7597 | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent BLANKENSHIP, TAMARA 205 SOUTH 16TH STREET FERNANDINA BEACH FL 32034 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 800002271618-9 | | | |
| | | | | 83 08/19/97-01089-008 ****165.00 ****165.00 | | | |
| | | | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PTD | 1.1 TITLE | PTD |
| NAME | BLANKENSHIP, TAMARA | 1.2 NAME | Blankenship, Tamara |
| STREET ADDRESS | 205 SOUTH 16TH STREET | 1.3 STREET ADDRESS | 2200 ATLANTIC AVE |
| CITY-ST-ZIP | FERNANDINA BEACH FL 32034 | 1.4 CITY-ST-ZIP | FERNANDINA Beach FL 32034 |
| TITLE | VD | 2.1 TITLE | VD/SD |
| NAME | BLANKENSHIP, CAROLYN M | 2.2 NAME | Blankenship Carolyn |
| STREET ADDRESS | 2200 ATLANTIC AVE | 2.3 STREET ADDRESS | 2413 1st AVE A-4 |
| CITY-ST-ZIP | FERNANDINA BEACH FL 32034 | 2.4 CITY-ST-ZIP | FERNANDINA BEACH FL 32034 |
| TITLE | SD | 3.1 TITLE | |
| NAME | PAULSEN, GARY M | 3.2 NAME | |
| STREET ADDRESS | 181 SOUTH SPRINGHILL ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FERNANDINA BEACH FL 32034 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

8-4-97

CR2E034 (4/97)