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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014469 (5)

TOTAL ENTERTAINMENT OF OLD TOWN, INC.

Principal Place of Business

Mailing Address

FILED
May 15 1998 8:00am
Secretary of State



Fill totpat Flac	O OI DUSINOSS	Maning Floarcoo					
POST OFFIC NEWBERRY		POST OFFICE BOX 1058 NEWBERRY FL 32669		SO AIST MIDITE IN THIS	200405		
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
					02/10/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Α	pplied For
27 Hay 19 AND CR 349 26 P.O. Box 10			058		59-34274202		ot Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	·	Additional lequired
City & State 23 Old Town Fl.		City & State 28 Newb-BRRY, Fl.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24 326	Country	Zip 29 32669	Count 30 AL	ACHUA	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes	ntangible No
	Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	d Agent	
	EACH, VAL D		8	Name			
HIGHWAY 19 AND 349 OLD TOWN FL 32680				82 Street Address (P.O. Box Number is Not Acceptable)			
•	(8	3			
			8	City	F	85 Zip	Code
11 Pursuant	Lto the provisions of Sections 607 050:	2 and 607 1508. Florida Ste	lutes, the abo	/e-named cor	wareties automite this statement for the purpose	of changing	its registered
office or	registered agent, or both, in the State	of Florida, Such change was	is authorized l	y the corpora	poration's board of directors. I hereby accept the a	opointment a	s registered
	10 00 2 11	3 1 W (W) NL (BA	L	4/9/9	B	
SIGNATURE	Signature, typed or painted name of registered age	of grad telleral apparature (9		geni signature requ	uireo when reinstating) DATE	<u> </u>	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Passident	☐ DELETE	1.1 Trī L ī	I	President	Change	Addition
NAME	VAL D. Barch	c	1.2 NAM				
STREET ADDRESS	DRESS 2.519 8.W. 30th AVE			1 ADDRESS			
CITY-ST-ZIP	Newbonny, Rf. 326	×64	14 CITY	ST-ZIP		Change	Addition
TITLE	Vice President	☐ DELETE	21 1110			□ Ullange	L. Addition
NAME	Sign & M. 30th A	16	2.2 NAM	1			
STREET ADDRESS	Newberry, RG 3	- / - l - Δ		ET ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 C/TY 3.1 T/T/LE	- 51 - 712		Change	Addition
TITLE NAME	Secretary	La Peter	3.7 NAM				_
STREET ADDRESS	26519 5.W 30th A	ME		FT ADDRESS			
CITY-ST-ZIP	Alexander II 2	2669	3.4. CITY				
TITLE	1	DELETE	4.1 TITLE			Change	Additio
NAME	Val. D. Beach		4. 2 NAN	f			
STREET ADDRESS	4440 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	aug	4.3 STRE	T ADDRESS			
CITY-ST-ZIP	Newhoody, Pl. 37	الماملا	4.4 CITY	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAM	:			
STREET ADDRESS			6 2 0 100	ET ADDRESS			
CITY-ST-ZIP			J.3 3 Int	. TABBILLOG			
T)T, F			5.4 CiTY			***	44.00
TITLE		DELETE		ST-ZIP		☐ Change	Addition
NAME		DÉLETE	5.4 CiTY	-ST-ZIP		Change	Additio
		DÉLETE	5 4 City 6.1 Till 6 6 2 NAM	-ST-ZIP		Change	eoilibbA 🔝
NAME		☐ DÉLETE	5 4 City 6.1 Till 6 6 2 NAM	ST-7IP	- Costing 110 07(9)(i) Elevida Ctatutos I further		

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 effect as if made under eath; 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.