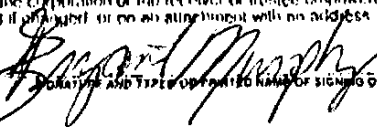


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000055495 1. Corporation Name DOUBLE M AMUSEMENTS, INC.					
Principal Place of Business 10013 ALAFIA STREET GIBSONTON, FL 33534		Mailing Address 10013 ALAFIA STREET GIBSONTON, FL 33534			
2. Principal Place of Business State: Apr #, etc. City & State Zip Country		2a. Mailing Address State: Apr #, etc. City & State Zip Country		DO NOT WRITE IN THIS SPACE 3. Date incorporated or qualified JUNE 23, 1997 4. FEI Number APPLIED FOR 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent JOSEPH D SANCHEZ 10013 ALAFIA STREET GIBSONTON, FL 33534			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. I, the undersigned, being a resident of this State, do hereby certify that 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 _____ DATE _____					
12. OFFICERS AND DIRECTORS 12.1 NAME ☒ DELETE P T S DWIGHT L SMITH 12.2 STREET ADDRESS 35 EAST 18TH STREET 12.3 CITY, ST, ZIP TULSA, OK 74119 12.4 NAME ☐ DELETE 12.5 STREET ADDRESS 12.6 CITY, ST, ZIP 12.7 NAME ☐ DELETE 12.8 STREET ADDRESS 12.9 CITY, ST, ZIP 12.10 NAME ☐ DELETE 12.11 STREET ADDRESS 12.12 CITY, ST, ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 NAME ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP 13.5 NAME ☐ Change ☒ Addition PTS BRYAN W MURPHY 10013 ALAFIA STREET GISSONTON, FL 33534 13.6 NAME ☐ Change ☐ Addition 13.7 STREET ADDRESS 13.8 CITY, ST, ZIP 13.9 NAME ☐ Change ☐ Addition 800002541938 -06/01/98--01032--045 ***150.00 13.10 NAME ☐ Change ☐ Addition 13.11 STREET ADDRESS 13.12 CITY, ST, ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(b), 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.					
SIGNATURE:  BRYANT W MURPHY Name and Title of Officer or Director _____ Date _____					

CP25034 (10/97)

12
5/29