

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077664 (5)
1. Corporation Name

CORNER POOL HALL, INC.



Principal Place of Business

1517 S RIDGEWOOD AVE
EDGEWATER FL 32132

Mailing Address

1517 S RIDGEWOOD AVE
EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

59-3486626

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

2. Principal Place of Business

21 1517 S RIDGEWOOD AVE

Suite, Apt. #, etc.

22 City & State
EDGEWATER FL

24 Zip 32132 25 Country FLORIDA

2a. Mailing Address

26 1517 S RIDGEWOOD AVE

Suite, Apt. #, etc.

27 City & State
EDGEWATER FL

28 Zip 32132 29 Country FLORIDA

9. Name and Address of Current Registered Agent

VAIL, JAY T
322 FLAGLER AVE
NEW SMYRNA BEACH FL 32169

CHANGE ADDRESS ONLY

10. Name and Address of New Registered Agent

81 Name VAIL, JAY T
82 Street Address (P.O. Box Number is Not Acceptable)
83 1517 S RIDGEWOOD AVE
84 City EDGEWATER FL 85 Zip Code 32132

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 *JAY T. VAIL* JAY T. VAIL P

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-30-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BECKER, CHARLES E
STREET ADDRESS 220 RANKEN DR
CITY-ST-ZIP EDGEWATER FL 32141

☒ DELETE

TITLE D
NAME VAIL, JAY T
STREET ADDRESS 810 CAROL AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHARLES A. BECKHAM
1.2 NAME
1.3 STREET ADDRESS 464 CORBIN PK RD
1.4 CITY-ST-ZIP NEW SMYRNA B 32168

☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 effect 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, or on an attachment with an address.

SIGNATURE: *JAY T. VAIL*

JAY T. VAIL

6-30-98

04 428 1777

CR2E034 (5/98)