

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:43

DOCUMENT # S83223

(5)

1. Corporation Name

BREAKERS FAMILY BILLIARDS, INC.

Principal Place of Business

2987 ALAFAYA TRAIL  
OVIEDO FL 32765

Mailing Address

2987 ALAFAYA TRAIL  
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/26/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3086474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, DANIEL W  
2987 ALAFAYA TRAIL  
OVIEDO FL 32765

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

PARKER, DANIEL W

STREET ADDRESS

3549 SCOUT OAK LOOP

CITY - ST - ZIP

OVIEDO FL

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

S

NAME

PARKER, VIVIAN C

STREET ADDRESS

3549 SCOUT OAK LOOP

CITY - ST - ZIP

OVIEDO FL

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

VP

NAME

PARKER, DREW P

STREET ADDRESS

3549 SCOUTOAK LOOP

CITY - ST - ZIP

OVIEDO FL

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

T

NAME

PARKER, DEAN J

STREET ADDRESS

3549 SCOUTOAK LOOP

CITY - ST - ZIP

OVIEDO FL

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), 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 the report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Daniel W. Parker Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL W. PARKER

Feb 3, 1995 (407) 366-3156

Date

Exemption Number