

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

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra J. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V34062

(2)

1. Corporation Name

CIRCLE C CONCESSIONS, INC.

Principal Place of Business

P.O. BOX 140907  
GAINESVILLE FL 32614-0907  
US

Mailing Address

P.O. BOX 140907  
GAINESVILLE FL 32614-0907  
US

3. Date Incorporated or Qualified

05/06/1992

3a. Date of Last Report

02/15/1996

4. FEI Number

59-3122249

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City &amp; State

27. City &amp; State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPEN, BEN  
5348 NW 9TH LANE  
GAINESVILLE FL 32605

81. Name

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

83. City

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 D ☐ DELETENAME HALL, SYLVIA H.  
STREET ADDRESS P.O. BOX 140907 N/A  
CITY-ST-ZIP GAINESVILLE FL1.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.2 NAME ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP2.2 NAME ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SYLVIA H. HALL, Director

2-10-97

(352) 331-4367

Date

Daytime Phone #

CR2E034 (9/96)