

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90025 012 ***150.00

DOCUMENT # V43209

1. Corporation Name

OSCEOLA DOWNS, INC.

Principal Place of Business

1790 KING HENRY DRIVE
KISSIMMEE FL 34744-6414

Mailing Address

1790 KING HENRY DRIVE
KISSIMMEE FL 34744-6414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1992

4. FEI Number

59-3168179

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 owes the current year Intangible

Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 501 East Oak Street

Suite, Apt. #, etc.

22 Suite A

City & State

23 Kissimmee, Florida

Zip

Country

24 34744

25 US

2a. Mailing Address

26 501 East Oak Street

Suite, Apt. #, etc.

27 Suite A

City & State

28 Kissimmee, Florida

Zip

Country

29 34744

30 US

9. Name and Address of Current Registered Agent

GINTHER, THOMAS A
1790 KING HENRY DRIVE
KISSIMMEE FL 34744-6414

10. Name and Address of New Registered Agent

81 Name

GINTHER, Thomas A

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

501 East Oak Street

83

Suite A

84 City

Kissimmee,

FL

85 Zip Code

34744

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

4-23/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BROWN, JERRY LEE
STREET ADDRESS
2244 HAM BROWN RD
CITY-ST-ZIP
KISSIMMEE FL 34744-6414

TITLE ☐ DELETE

NAME
BROWN, JACQUELINE ANN
STREET ADDRESS
2244 HAM BROWN RD
CITY-ST-ZIP
KISSIMMEE FL 34744-6414

TITLE ☐ DELETE

NAME
RAMSEY, GRANVILLE R.
STREET ADDRESS
853 SAN JOSE COURT
CITY-ST-ZIP
KISSIMMEE FL 34758

TITLE ☐ DELETE

NAME
GINTHER, THOMAS ALLAN
STREET ADDRESS
1790 KING HENRY DRIVE
CITY-ST-ZIP
KISSIMMEE FL 34744-6414

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23/99 (407) 935-1910

CR2E034 (11/98)

0509276