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FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V45685

(7)

1. Corporation Name:

HALIFAX AREA CONCESSIONS, INC.

Principal Place of Business

17 BRIDGEPORT ROAD  
DAYTONA BEACH FL 32118

Mailing Address

17 BRIDGEPORT ROAD  
DAYTONA BEACH FL 32118-5303

3. Date Incorporated or Qualified

06/19/1992

3a. Date of Last Report

01/29/1996

4. FEI Number

59-3175067

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

21 1250 DAL MASO

Suite, Apt. #, etc.

22 City & State

23 HOLLY HILL, FL

Zip

24 32117

Country

25 VOLUSIA

2a. Mailing Address

26 1250 DAL MASO

Suite, Apt. #, etc.

27 City & State

28 HOLLY HILL, FL

Zip

29 32117

Country

30 VOLUSIA

9. Name and Address of Current Registered Agent

MAXWELL, JOAN  
1420 DAL MASO  
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name

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

1250 DAL MASO

83 HOLLY HILL, FL

84 City

FL

85 Zip Code

32117

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: *Joan Maxwell*

Signature and printed name of registered agent and title. If applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MAXWELL, WILLIAM D.

STREET ADDRESS 1420 DAL MASO

CITY - ST - ZIP HOLLY HILL FL

TITLE VP ☒ DELETE

NAME HOGAN, JIMMY D.

STREET ADDRESS 17 BRIDGEPORT RD.

CITY - ST - ZIP DAYTONA BCH. FL

TITLE S ☐ DELETE

NAME MAXWELL, JOAN

STREET ADDRESS 1420 DAL MASO

CITY - ST - ZIP HOLLY HILL FL

TITLE T ☒ DELETE

NAME HOGAN, CHARLOTTE L.

STREET ADDRESS 17 BRIDGEPORT RD.

CITY - ST - ZIP DAYTONA BCH. FL

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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:

*William D. Maxwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97

DATE

DAYTIME PHONE

0021952

CR2E034 (9/96)