

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 374624

**Entity Name:** CIRCLE BOWLING CENTER, INC.

**Current Principal Place of Business:**

910 NEW WARRINGTON ROAD  
PENSACOLA, FL 32506

**Current Mailing Address:**

910 NEW WARRINGTON ROAD  
PENSACOLA, FL 32506 US

**FEI Number:** 59-1310388

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PIERCE,HENRY A  
910 NEW WARRINGTON ROAD  
PENSACOLA, FL 32506 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name PIERCE,HENRY C  
Address 6121 SAUFLEY PINES RD  
City-State-Zip: PENSACOLA FL 32526

Title ST  
Name SATTERWHITE, SONIA P  
Address 628 NORTH 74TH AVE.  
City-State-Zip: PENSACOLA FL 32506

Title VP  
Name PIERCE, LANCE K  
Address 6235 SAUFLEY PINES RD  
City-State-Zip: PENSACOLA FL 32526

Title D  
Name PIERCE, HENRY A  
Address 740 NORTH 74TH AVE.  
City-State-Zip: PENSACOLA FL 32506

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SONIA SATTERWHITE

**SEC/TREASURE**

**04/14/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date