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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sheila B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004046 (7)**

1. Corporation Name

BREWER AMUSEMENT COMPANY, INC.



Principal Place of Business

**412 SPARTA STREET
MCMINNVILLE TN 37110**

Mailing Address

**412 SPARTA STREET
MCMINNVILLE TN 37110**

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

**COOK, WILLIAM R
6000 THOMAS DRIVE
PANAMA CITY BEACH FL 32408**

81. Name

Gary R. Brewer

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

6000 Thomas Drive

83

84. City

Panama City Beach

FL

85. Zip Code

32408

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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. Thereby, accept the appointment as registered agent, I am familiar with and accept the provisions of Section 607.0502, Florida Statutes.

SIGNATURE

Gary R. Brewer

Gary R. Brewer, President

April 10, 1996

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	BREWER, GARY R	
STREET ADDRESS	412 SPARTA STREET	
CITY-STATE-ZIP	MCMINNVILLE TN	
TITLE	VSD	☐ DELETE
NAME	BREWER, DONNA C	
STREET ADDRESS	412 SPARTA STREET	
CITY-STATE-ZIP	MCMINNVILLE TN	
TITLE	D	☒ DELETE
NAME	BREWER III, ARNOLD M	
STREET ADDRESS	412 SPARTA STREET	
CITY-STATE-ZIP	MCMINNVILLE TN	
TITLE	D	☒ DELETE
NAME	BREWER, JIMMY R	
STREET ADDRESS	412 SPARTA STREET	
CITY-STATE-ZIP	MCMINNVILLE TN	
TITLE	D	☒ DELETE
NAME	BREWER, WILLIAM F	
STREET ADDRESS	412 SPARTA STREET	
CITY-STATE-ZIP	MCMINNVILLE TN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

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 119.07(3)(a), 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 person or persons 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 in an amendment with an effective date.

SIGNATURE:

Gary R. Brewer

Gary R. Brewer, President

4/10/96

615-473-3465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)