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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500004046 (7)

BREWER AMUSEMENT COMPANY, INC.

412 SPARTA STREET 412 SPARTA STREET MCMINNVILLE TN 37110-2651 MCMINNVILLE TN 37110 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1995 04/15/1996 2. Principal Pace of Business 2a. Mailing Address 4. FEI Number Applied For 62-1396970 Not Applicable 26 Suite, Apt. #, ∈tc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State: \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zφ Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 25 30 Florida Statutes 24 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARY R BREWER 6000 THOMAS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32408 83 84 City Zip Code 85 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Stgraver, typed or partial name of registered agent and title Lapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6)DELETE ☐ Addition Change 11 TITLE 1.10 PCD 12 NAME BREWER, GARY R NAME **412 SPARTA STREET** 13 STREET ADDRESS STREET ADDRESS MCMINNVILLE TN 14 CITY-ST-ZIP CITY-SI-755 Addition DELETE Change VSD 2.1 TITLE Jil: F BREWER, DONNA C 22 NAME NAME 412 SPARTA STREET 2.3 STREET ADDRESS STREET ADDRESS MCMINNVILLE TN 2 4 CITY-ST-ZIP DBY - ST - ZiP DELETE ☐ Change Addition 3 1 TITLE 111.1 NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP ORY-SE 70 DELETE Change Addition THE 4.1 TITLE NAM: 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP 0:1Y - \$1 - 7IP DELETE Change Addition THEF 5.1 TITLE MM 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS: 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 6.1 TITLE TOTAL 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Edo Foreby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 thock 12 or Book 13 if changed, or on an Machinent with an address.

Corporate Secretary

2/24/97

615-473-3465

Daytime Phone #

FILED
Mar 05 1997 8:00am
Secretary of State

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