



COMPANIES HOUSE

THE REGISTRAR OF COMPANIES  
COMPANIES HOUSE  
CROWN WAY  
CARDIFF  
CF4 3UZ



This form should be completed in black.

The information printed below is taken from Companies House records as at 19/01/96

If this information requires amendment use the spaces opposite.

**Date of this return** (See note 1)

The information in this return should be made up to a date not later than

Day	Month	Year
09	02	96

**Date of next return** (See note 2)

If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.

Day	Month	Year

Day	Month	Year

**Registered Office** (See note 3)

This is the address registered by Companies House.

4 KING SQUARE  
BRIDGWATER  
SOMERSET  
TA6 3DG

.....  
.....  
.....  
.....

**Principal business activities** (See note 4)

Please enter trade classification(s).

8999	

If the code cannot be determined from the notes, give a brief description of principal activity.

3635  
1820056

# Annual Return

of company number 03019965

T

company name

C.A. HEAL & SONS (AMUSEMENTS) LIMITED

company type

PRIVATE COMPANY LIMITED BY SHARES

**Register of members** (See note 5)

The register is kept at  
REGISTERED OFFICE

If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change.

**Register of debenture holders** (See note 6)

Any register of debenture holders (or duplicate) is kept at

**Company Secretary** (See note 7)

Particulars of a new secretary **must** be notified on form 288.

Day	Month	Year

Date of any change.

MICHAEL JOHN  
BARLOW  
66 GOLDSTONE VILLAS  
HOVE  
EAST SUSSEX BN3 3RU

If this person has ceased to be secretary, please state when.

Day	Month	Year

Date of resignation.

**Directors** (See note 7)

Particulars of a new director **must** be notified on form 288.

Day	Month	Year

Date of any change.

ALBERT JASON  
HEAL  
59 WOODROFE AVENUE  
HOVE  
SUSSEX

Date of Birth:- 03/12/66  
Nat:BRITISH  
Occ:AMUSEMENT CATERER

If this person has ceased to be director, please state when.

Day	Month	Year

Date of resignation.

Other directorships.

A HEAL & SONS (AMUSEMENTS) LTD

**Directors - continued**

Particulars.

CHARLES ARTHUR ALBERT  
HEAL  
2 BARROWFIELD DRIVE  
HOVE  
SUSSEX BN3 6TF

Date of Birth:- 16/12/65  
Nat:BRITISH  
Occ:AMUSEMENT CATERER

If this person has ceased to be director, please  
state when.

Other directorships.

If the information shown needs amendment, give  
details below and the date of any change.

Day	Month	Year

Date of any change.

Day	Month	Year

Date of resignation.

A. HEAL &amp; SONS (AMUSEMENTS) LTD

Particulars.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES  
OR DIRECTORS MUST BE NOTIFIED ON FORM 288.

If this person has ceased to be director, please  
state when.

Other directorships.

Day	Month	Year

Date of any change.

Day	Month	Year

Date of resignation.

Particulars.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES  
OR DIRECTORS MUST BE NOTIFIED ON FORM 288.

If this person has ceased to be director, please  
state when.

Other directorships.

Day	Month	Year

Date of resignation.

**Issued Share Capital** (See note 8)

Enter details of all shares in issue at the date of this return.

Class (eg Ordinary/ Preference etc)	Number of shares issued	Aggregate nominal value (ie Number of shares issued multiplied by nominal value per share)
ORDINARY	1000	£1000
Totals	1000	£1000

**List of past and present members**

(See note 9)

(Use attached schedule where appropriate)

Please mark the appropriate box.

A full list is required.

on paper      not on  
paper

A full list of members is enclosed ☒☐**Elective resolutions** (See note 10)

(Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark this box.

☐

If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark this box.

☐**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

I enclose the fee of **£18.**

Cheques should be made payable  
to **Companies House.**

Signed



Secretary/Director  
\*(delete as appropriate)

Date 29-1-96

This return includes ( ) continuation sheets.  
(enter number)

**Please ensure that you have completed  
all sections on this page.**

To whom should Companies House direct any enquiries  
about the information shown in this return?

MAXWELL CHARTERED ACCOUNTANTS  
4 KING SQUARE  
BRIDGWATER  
SOMERSET Postcode TA6 3D4

Telephone (01278) 423008 Ext

**SCHEDULE TO FORM 363**

**Continued overleaf**

**SCHEDULE TO FORM 363**[illegible]