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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741023

(6)

Mailing Address

ALLYBY LODGE, INC.

Principal Place of Business

FILED
Feb 04 1998 8:00am
Secretary of State

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Zip Country Zip Country 8. This compression owes on that paid the current year intamplate Personal Proposery Tax due Justing Name and Address of Current Registered Agent 10. Name and Address of Now Registered Agent 282 Street Address (P.O. Box Number is Not Acceptable) 287 KINGS RD. ST. AUGUSTINE FL 32086 88	_ ′	e		└ '	City & State	3					7. Is this	nonprofit	corporatio		_		ciation	1?
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THOMAS B. WHITCOMB 2872 KINGS RD. ST. AUGUSTINE FI. 32086 88 89 City FL 85 Size Address (P.O. Box Number is Not Acceptable) 87 Size Augustine the provisions of Sections 617 0502 and 617 1509. Finds Statutes, the above-named composition submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was easily the composition in board of directors. I hereby accept the epidement agent, I am I amiliar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature, Speed or printed temper or agented agent or both. In the State of Florida, Such change was easily the composition in board of directors. I hereby accept the appointment as registered agent, I am I amiliar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature, Speed or printed temper or agented agent or both. In the State of Florida, Such change was easily the composition in board of directors. I hereby accept the appointment as registered agent. I am I amiliar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature, Speed or printed temper or agented agent or both. In the State of Florida, Such change was easily a statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 12 ITILE PD. DELETE 11 TITLE PD. DELETE 11 TITLE PD. DELETE 11 TITLE PO	24	25	5	29			30								_			
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SIGNATURE Signature, Speed or petition of registational agents and title it applicable. (NOTE: Registered Agent signature) DATE	office or r	egistered agen	it, or both, in the S	tate of Florida	. Such cha	nge was a	uthorized	by	the corp	oration's	s board o	f directors	. I hereby	accep	t the app	ointme	nt as	egistered
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	14. I hereby c	ertify that the Ir	nformation supplied	d with this filir	g does not	t qualify for	the exer	npti	ion stated	d in Sec	tion 119.0	7(3)(i), Fic	rida Statu	ites. I fu	urther cer	tify tha	t the i	nformation

4. I 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Brock 13 if changed, or on an attachment with an address.

SIGNATURE: _

CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-22-98

Daytime Phone # 0001503

CR2E037 (10/9)