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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94264** **(1)**

1. Corporation Name

CAROLINA LODGE, INC.

Principal Place of Business	Mailing Address
7056 WINGED FOOT DR STUART FL 34997 US	7056 WINGED FOOT DR STUART FL 34997 US

3. Date Incorporated or Qualified: **08/11/1982**
3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-2614129** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOLLES, STEPHEN S.
988 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name: George Bolles
82 Street Address (P.O. Box Number is Not Acceptable): 7056 Winged Foot Dr.
83
84 City: Stuart FL 85 Zip Code: 34997

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ✓ GEORGE BOLLES George S. Bolles ✓ 4/4/96
Signature, typed or printed name of registered agent (if filing this form) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS BOLLES, STEPHEN S 988 PONTE VEDRA BLVD PONTE VEDRA BEACH FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	STEPHEN S BOLLES 988 Ponte Vedra BLVD PONTE VEDRA BEACH, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOLLES, JEFFREY D 2518 SUMMIT SPRINGS DR DUNWOODY GA	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P Bolles, Jeffrey D P.O. Box 250481 N/W Atlanta, GA 30325	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GEO. C. BOLLES 7056 WINGED FOOT DR STUART, FL 34997	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP George Bolles 7056 Winged Foot Dr. Stuart, FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	900001829269 05/20/96--01043--034 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ [signature] ✓ 4/4/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #