2003 FOR PROFIT CORPORATION

Feb 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR **DOCUMENT #** P00000004258 1. Entity Name__ 02-24-2003 90179 007 ***150.00 ANCHORAGE INN, INC. Principal Place of Business Mailing Address 1 DOLPHIN DRIVE 1 DOLPHIN DRIVE ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3618313 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHETSTONE, VIRGINIA A Street Address (P.O. Box Number is Not Acceptable) 1 DOLPHIN DRIVE ST AUGUSTINE FL 32080 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!. FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME WHETSTONE, VIRGINIA A NAME STREET ADDRESS 297 ST. GEORGE STREET STREET ADDRESS CITY-ST-7IP ST. AUGUSTINE FL 32084 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental report is true and acquirate 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 for trustee empowered to execute this report at required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ali other

Daytime Phone #

FILED