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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

**FILED** Jan 28 1998 8:00am Secretary of State

TRAILS	END MO	OTEL, INC.									
Principal Plac	e of Busines	is .	N	Mailing Address					1 100110 11011 00111 01010 01101 01111 0151 0151 01	.DEF 01011 01011 01	DII DIBIT 1886
WILLIAM A WEBER WILLIAM A WEBER											
11500 GULF BLVD				11500 GULF BLVD					DO NOT WRITE IN THIS SPACE		
ST. PETERSBURG FL 33706				ST. PETERSBURG FL 33706				-	3, Date Incorporated or Qualified		
									07/29/1957		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		applied For
21				26				- 1	59-0812484		lot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.							Additional
22				27					5. Certificate of Status Desired	Fee F	Required
City & State				City & State					6. Election Campaign Financing	\$5.00	) May Be
23			28						Trust Fund Contribution		to Fees
Zip	Country			Zip Country					8. This corporation owes or has paid the o		
24	25		29			т					∐ No
g. Name and Address of Current			it Regi	Registered Agent			Name		10. Name and Address of New Registere	a Agent	
WEBER, WILLIAM A						81	INATHE				ļ
11500 GULF BLVD							Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
ST PETERSBURG FL 33706											
						83					
						84	City		F	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida Such change was authorizagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								corpor	ation submits this statement for the purpose o's board of directors. I hereby accept the a	of changing ppointment a	its registered s registered
SIGNATURE											
40	Signature, typed	or printed name of registered age OFFICERS ANI				ed Age	nt signature (	required :	when reinstating) DATE		OC IN 10
12. TITLE	PD	OF FOLIS AN	DUME	DELETE	13.	ITLE			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME		, WILLIAM A.				IAME					
STREET ADDRESS				1.3 STREET ADDRESS			ADDRESS				
CITY-ST-ZIP		ERSBURG FL				ITY-SI					
TITLE	VPS	CHOODING 12		DELETE	2.1 T		, 211			☐ Change	Addition
NAME		RSON, VICTOR R.			2.2 N	IAME					
STREET ADDRESS		DDEN ACRES WAY			2.3 9	TREET	ADDRESS				
CITY-ST-ZIP	SEMINO				2.4	CITY - S	ST - ZIP				
TITLE	ÁST			DELETE	3.1 T					Change	☐ Addition
NAME .	SHRIVE	r, stewart			3.2 N	IAME					
STREET ADDRESS		BULF BLVD.			3.3 9	TREET	ADDRESS				7
CITY-ST-ZIP	ST. PET	ERSBURG FL			3.4.1	DITY-S	T-ZIP				
TITLE				☐ DELETE	4.1 T	ITLE				☐ Change	☐ Addition
NAME					4.21	NAME	-				
STREET ADDRESS					4.3 5	TREET	ADDRESS				
CITY-ST-ZIP					4.4 0	HTY-SI	T-ZIP				
TITLE		<del>"-</del>		DELETE	5.1 T	ITLE				☐ Change	☐ Addition
NAME					5.2 N	IAME					
STREET ADDRESS					5.3 9	TREET	ADDRESS				
CITY-ST-ZIP					5.4 0	ITY-ST	1- ZIP	.,			
TITLE				DELET <b>E</b>	6.1 7	ITLE	Ţ			☐ Change	☐ Addition
NAME					6.2 N	IAME					
STREET ADDRESS					6.3 9	TREET	ADDRESS				
CITY-ST-ZIP						ITY-ST					
44 I hereby a	certify that th	e information supplied w	ith this	tilina does not au <b>elity</b> f	or the ex	emnt	tion stater	d in Se	ection 119 07/3Vi). Florida Statutes, I further	certify that the	e information. L

Interest certay that the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(), 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 Block 12 or Block 13 if changed, or on an attachment, with an address.