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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **298600** **(8)**

1. Corporate Name
H.I. RESORTS, INC.

Principal Place of Business
111 WEST FORTUNE
TAMPA FL 33602-3206

Mailing Address
111 WEST FORTUNE
TAMPA FL 33602-3206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1965**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
ZIP — 24 / 29
County — 25 / 30

4. FEI Number: **59-1167772** ☐ 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

CALLEN, DAVID
111 W. FORTUNE STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 will comply with the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of registered agent and title if agent is corporation) (If agent is corporation, signature of officer required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	CALLEN, ROBINSON	2 NAME	
STREET ADDRESS	111 W. FORTUNE STREET	3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	4 CITY ST ZIP	
02 TITLE	PD	5 TITLE	☐ Change ☐ Addition
NAME	CALLEN, TARQUIN	6 NAME	
STREET ADDRESS	111 W. FORTUNE STREET	7 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	8 CITY ST ZIP	
03 TITLE	VD	9 TITLE	☐ Change ☐ Addition
NAME	CALLEN, CLAIRE	10 NAME	
STREET ADDRESS	111 W. FORTUNE ST.	11 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	12 CITY ST ZIP	
04 TITLE	D	13 TITLE	☐ Change ☐ Addition
NAME	CALLEN, DAVID	14 NAME	
STREET ADDRESS	111 W. FORTUNE ST.	15 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	16 CITY ST ZIP	
05 TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY ST ZIP		20 CITY ST ZIP	
06 TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: [signature] Pres. 4/3/95 (305) 532-9112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

Robinson Callen

0298212 CP