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

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

Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 400882 WAKULLA MOTEL, INC Mailing Address Principal Place of Business 3550 N. ATLANTIC AVE. 3550 N. ATLANTIC AVE. COCOA BEACH FL 32931 COCOA BEACH FL 32931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1972 Applied For 2, Principal Place of Business 2a. Mailing Address Not Applicable 26 59-1401298 21 Sulte, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Co intry This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MISHLER, MICHAEL D. 2021 BALI RD. Street Address (P.O. Box Number is Not Acceptable) COCÓA BEACH FL 32931 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of negistered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITUE TITLE MISHLER, MICHAEL D. 1.2 NAME NAME 2021 BALI ROAD 1.3 STREET ADDRESS STREET ADDRESS **COCOA BEACH FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE MISHLER, JAMES C. 22 NAME NAME **198 ANTIGUA DRIVE** 2.3 STREET ADDRESS STREET ADDRESS **COCOA BEACH FL** 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE ARMSTRONG, MICHELLE 3.2 NAME NAME 248 BAHAMA BLVD 3.3 STREET ADDRESS STREET ADDRESS **COCOA BEACH FL** 3.4. CITY - ST- ZIP CITY-ST-ZIP JANET L. LESTER DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS COCOMBEACH FL 32931 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 101 E 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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 the corporation of the co 6.4 CITY - ST - ZIP

FILED