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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 416746 1. Corporation Name

TOWN HOUSE MOTOR LODGE, INC.

Principal Place of Business

Mailing Address

975 CYPRESS GARDENS RD WINTER HAVEN FL 33880 975 CYPRESS GARDENS RD WINTER HAVEN FL 33880

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90075 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 01/15/1973		<del></del>
2 Oringinal Di	ace of Business	T 2a Mailing Address			4. FEI Number	I	pplied For
21 262	SANTA ROSA DE	2a. Mailing Address 26 262 SANTA	ROSA	DR	59-1441948		lot Applicable
Suito Ant		Suite; Apt. #, etc.					Additional Required
City & State	of POLK	28 WINTER HAD	IEN	FL.	6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip 24	Country 25	Zip 29 33884 30	Country	POLK	This corporation owes the current year Intang     Personal Property Tax.	ible Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ago	ent	
			81	Name			
ANDERSON, GLENN R.				82 Street Address (P.O. Box Number is Not Acceptable)			
1128 1ST ST. WINTER HAVEN FL 33880				83			
			84	City	FL  <sup>†</sup>	85   Zip	Code
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	ionzed by	tne coroora	orporation submits this statement for the purpose of characteristics board of directors. I hereby accept the appointment	nent as i	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Age	nt signature requ	uired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND I	Change	
TITLE	PD	☐ DELETE	1.1 TITLE	1	L	_ Change	
NAME	WUJASTYK, JEROME F.		1.2 NAME				
STREET ADDRESS	975 CYPRESS GARDEN RD.			T ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP		Change	Addition
TITLE		Deterie	2.2 NAME		_	- ·	
NAME				T ADDRESS			
STREET ADDRESS	· ·		2.4 CITY-	ļ			
CITY-ST-ZIP			3.1 TITLE	-		] Change	Addition
NAME		•	3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			] Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5,1 TITLE		L	] Change	e
NAME			52 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		[ ] Act ETE	5.4 CITY-S 6.1 TITLE	ST-ZIP		Change	Addition
TITLE		☐ DELETE		İ	L	_ change	
NAME			6.2 NAME	T ADDOCCO			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	SI-ZIP			

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 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 perporation 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5/2/99 941-318-90/8
Date: Date: Phone #

CR2E034 (11/98)