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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 42998

(8)

BLACK CREEK LODGE, INC.

FILED Mar 05 1997 8:00am Secretary of State



Principal Pias	e of Business	Mailing Address				I BIDII GIBII BIBII DIBA BIBII XBBI
710 BLACK CREED LODGE RD. 710 BLACK CREEK LODGE RD.						
US US	L 32439	FREEPORT FL 32439-6543 US			3. Date Incorporated or Qualified 3	a. Date of Last Report
		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			07/06/1973	01/25/1996
	Place of Business	2a. Mailing Address			4. FELManiber	Applied For
tt∐ Suite, Apt.#, etc.		State And Hoste		59-1471325	Not Applicable	
22 Suite, Apr	**, ***t*.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be
3		28			Trust Fund Contribution	
Zip	Country	Zip	Countr	у	8. This corporation has liability for intan	gible tax under s. 199.032,
4	25	29	30			s 🗌 No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registr	ered Agent
	NTERFITT, TRUETT W., JR.		81	Name		
72 LUCKEY LANE			82 Street Ad		ress (P.O. Box Number is Not Acceptable)	
FRI	EEPORT FL 32439		83			
			٦	'		
			84	City		FL 85 Zip Code
13 Danesand	to the premisions of Sections 697 0503	and 607 1509 Elorida Statute	oc the abov	In pamed cor	poration submits this statement for the purporation's board of directors. I hereby accept the	
SIGNATURE 12.	Signature type I or protect name of registered ager OFFICERS AND		: Registered Ap	gent signature requ	ired when reinstating) Di- ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTORS IN 12
TILLE	STP	DELETE	1.1 TITLE			Change Addition
NAME	SENTERFITT, TRUETT W.,JR		1.2 NAME		•	
STEEF LADORESS	72 LUCKEY LANE		1.3 STREE	T ADDRESS		
OUT SEZIE	FREEPORT FL		1.4 CITY-	ST-ZIP	***************************************	····
THILE	VD CENTEDCITE TO ICIT W	☐ DELETE	2.1 TITLE			Change Addition
NAME Calculate Az Mondo	SENTERFITT, TRUETT W 10874 U.S. 331 NORTH		2.2 NAME			
STREET ACORESS. CITY - ST- ZIP	DEFUNIAK SPRINGS FL			T ADDRESS		
THE	DEI ONIAK GI TIINGS YE	DELETE	2. 4 CITY - 3.1 TITLE	-51-71		Change Addition
NAME		_	3.2 NAME			
STELL! ACCURESS			3 3 STREE	T ADDRESS		
CH r - ST- 7IF			3.4 CITY	·ST-ZIP		•
litt		DELETE	4.1 TITLE			Change Addition
N4ME			4. 2 NAME	:		
STREE ADDRESS			4.3 STREE	T ADDRESS		
CITY ST ZIP		T KELPTE	4.4 CITY-	ST - ZIP		
TITLE		DELETE	5.1 ₹(TL€			Change Addition
NAME CONTRACTORS			5.2 NAME			4
STREET ADDRESS				1 ADDRESS		•
City St ZIP TITLE		☐ DELETE	5.4 CITY - 6.1 TITLE	S1-ZIP		Change Addition
NAM:		☐ pririt	6.2 NAME			LL CHANGE LJ AGURIUR
STREET ADDRESS				T ADDRESS	•	
City-St-7iP			6.4 CITY -			
	I		0.9 01111	W1 E11		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armural 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 Brook 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNA

2/28/97

(904) 835-254/