PROFIT CORPORATION ANNUAL REPOF <b>1998</b>		Sandra I Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	Feb 09 1998 8:00am Secretary of State		
OCUMENT # Corporation Name FLORIDA SEA FOC		( )				
ncipal Place of Business 33 BRADLEY DR		Mailing Address P O BOX 23294		066111 0.1014 0.0114 0.0114 0.0114 0.0114 0.001	}   <b>                                </b>	ANN RIAN INN
VIGHOLASVILLE KY 40356 LEXINGTON KY 40523-3294 JS US			294	OO NOT WRITE IN THIS SPACE		
5		00		3. Date Incorporated or Qualified		
Principal Place of Business		2a. Mailing Address		02/05/1975	——————————————————————————————————————	Applied For
		26		62-9939659		Not Applicable
Suite Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State		27 City & State		6. Election Campaign Financing		0 May Be
Zip	Country	Zip	Country	Trust Fund Contribution		d to Fees
210	Country	29	30	<ol> <li>This corporation owes or has pa Personal Property Tax due June</li> </ol>		ntangible
	d Address of Current	Registered Agent		10. Name and Address of New Re	egistered Agent	
HUNSAKER, VER 505 68TH ST.	Non S.		81 Name			
HOLMES BEACH	FL 33510		82 Street Add	iress (P.O. Box Number is Not Acceptal	ble)	
			83			
			03			
Pursuant to the provisions office or registered agent,	of Sections 607.0502 or both, in the State c	and 607, 1508, Florida Statut of Florida, Such change was	84 City	poration submits this statement for the patients board of directors. I hereby acce	FL   "	o Code its registered as registered
Signature, typed or pr	inted name of registered agent	t and little if applicable. (NOT	84 City les, the above-named cor authorized by the corpora orida Statutes.		PL purpose of changing of the appointment a	its registered as registered
		t and little if applicable. (NOT	84 City authorized by the corpora orida Statutes.		PL purpose of changing of the appointment a	its registered is registered
SNATURE Signalure, typed or pr E D HUNSAKER	Inted name of registered agent OFFICERS AND	t and litle if applicable. (NOT DIRECTORS	84 City les, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature requine 13.	ired when reinstating)	PL purpose of changing purpose of changing pt the appointment a	its registered as registered NRS IN 12
SIGnature, typed or pr E D HUNSAKER EET ADDRESS	Thied name of registered agent OFFICERS AND VERNON S	t and litle if applicable. (NOT DIRECTORS	84         City           les, the above-named cor authorized by the corpora orida Statutes.         corporative required Agent signature required 13.           11.1 TITLE         1.2 NAME           1.3 STREET ADDRESS         1.3 STREET ADDRESS	ired when reinstating)	PL purpose of changing purpose of changing pt the appointment a	its registered as registered NRS IN 12
SNATURE Signalure, typed or pr E D HUNSAKER EET ADDRESS S05 68TH S HOLMES BI	ned name of registered agent OFFICERS AND VERNON S ST CH FL	t and litle if applicable. (NOT DIRECTORS	84         City           les, the above-named cor authorized by the corpora orida Statutes.         corporative required Agent signature required 13.           11 TITLE         1.1 TITLE           1.2 NAME         1.2 NAME	ired when reinstating)	PL purpose of changing purpose of changing pt the appointment a	its registered as registered DRS IN 12
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SINATURE Signalure, typed or pr E D HUNSAKER 505 68TH S HOLMES BI HUNSAKER HUNSAKER 505 68TH S HOLMES BI HUNSAKER 505 68TH S	Thed name of registered agent OFFICERS AND CHERNON S ST CH FL CH FL STREET	t and litle if applicable. (NOT DIRECTORS	84         City           les, the above-named cor authorized by the corpora orida Statutes.         corporation (1)           12:         Registered Agent signature requires 13.           11:         TITLE           12:         NAME           13.         STREET ADDRESS           14:         City-st-zip           2:         TITLE           2:         NAME           2:         STREET ADDRESS           2:         NAME           2:         STREET ADDRESS	ired when reinstating)	DATE CERS AND DIRECTO	its registered as registered DRS IN 12
SIGNATURE Signature, typed or pr E D HUNSAKEF 505 68TH S HOLMES BI AE HUNSAKEF 505 68TH S HOLMES BI ST- JP HOLMES BI 505 68TH S ST- ZIP HOLMES BI E HUNSAKEF	CFFICERS AND OFFICERS AND CFFICERS AND CFFICERS AND CH FL CH FL R, JEAN K. STREET EACH FL	t and litle if applicable. (NOT DIRECTORS	84         City           les, the above-named cor authorized by the corpora orida Statutes.         corporation (1)           12:         Registered Agent signature requires 13.           11:         TITLE           12:         NAME           13.         STREET ADDRESS           14:         City-St-ZIP           2:         TITLE           2:         NAME	ired when reinstating)	DATE CERS AND DIRECTO	its registered as registered DRS IN 12 Addition
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