PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90252 023 ***150.00

DOCUMENT # 575819

MOULTON HOTEL COMPANY

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					\ [0] [1]
Principal Place of Business Mailing Address					
342 3RD AVE N 275 4TH ST. N.					
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701					DO NOT WRITE IN THIS SPACE
03					3. Date Incorporated or Qualifed
					06/15/1978
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
27375	444 ST. N	26			59-1842959 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 57.	3 ST. retersburg, H/ 28				Trust Fund Contribution Added to Fees
Zip	' 		untry		8. This corporation owes the current year latangible
24 331	370/ 25 29 30				Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent	1		10. Name and Address of New Registered Agent
1	DEV OFORGE E		81	Name	e
WILSEY, GEORGE F.				Street /	et Address (P.O. Box Number is Not Acceptable)
275 4TH STREET NORTH					· · · · · · · · · · · · · · · · · · ·
51.1	PETERSBURG FL 33701		83		
-			84	City	85 Zip Code
]	•			•	FL " The state of the state
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 registered agen			signature re	re required when reinstating) DATE OCCUPATION AND PROPERTIES AND
12.	OFFICERS AN				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		1.1 TITLE		M Orlande D vocation 1
NAME	FISHER, ROBERT W.				s 275-442 ST. N.
STREET ADDRESS	342 3RD AVENUE, NORTH			address	S 213-710 21. 10.
C(TY-ST-ZIP	ST. PETERSBURG FL	***************************************	1.4 CITY-ST-ZIP		ST. RETERS burg, F1 33701
TITLE	ST	_	2.1 TITLE		= Eg Change E Hadison
NAME	FISHER, E. THOMAS		2.2 NAME		\$ 275-4H ST.N.
STREET ADDRESS	STE OND MEMOE, NOM			ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	-	2.4 CITY-ST		ST. PETERSburg, F1 33701
TITLE	V		3.1 TITLE		All cusuide
NAME	WILSEY, GEORGE F.	'	3.2 NAME		2n- 414 C+ N/
STREET ADDRESS	342 3RD AVENUE, NORTH		3.3 STREET		\$ 275- 4th ST. N. ST. PETERSburg, F1 33701
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-ST		S1. FETERSBURY, F 33/0
TITLE		_	TITLE.		— [] Change [] Addition [
NAME			NAME		
STREET ADDRESS	ļ 1	4.3 5	STREET	ADDRESS	35
CITY-ST-ZIP			CITY-ST	-ZIP	☐ Change ☐ Addition
TITLE			TITLE		☐ Change ☐ Addition
NAME			NAME	******	
STREET ADDRESS				ADDRESS	»
CITY-ST-ZIP			CITY-ST-	-ZIP	☐ Change ☐ Addition
TITLE	İ		11166	- 1	Change Addition
		C Steele			
NAME STREET ADDRESS		6.21	NAME	ADDRESS :	

14. 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 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 if changed, or on an attack ment with an address, with all other like empowered.

SIGNATURE: