

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 # 576106

1. Corporation Name
MONTEREY MOTEL, INC.

Principal Place of Business
16 AVENIDA MENENDEZ
ST. AUGUSTINE FL 32084

Mailing Address
16 AVENIDA MENENDEZ
ST. AUGUSTINE FL 32084

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90214 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1978

4. FEI Number

59-1830995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIX, RONALD K. SR.
16 AVENIDA MENENDEZ
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name Kelly A. Six

82 Street Address (P.O. Box Number is Not Acceptable)
16 Avenida Menendez

83

84 City St. Augustine

FL

85 Zip Code
32084

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

Kelly A. Six
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-99

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE
NAME SIX, RONALD K. SR.
STREET ADDRESS 16 AVENIDA MENENDEZ
CITY-ST-ZIP ST AUGUSTINE, FL 00000

TITLE SD ☐ DELETE
NAME SIX, LESSIE J.
STREET ADDRESS 16 AVENIDA MENENDEZ
CITY-ST-ZIP ST AUGUSTINE FL

TITLE TS ☐ DELETE
NAME SIX, LESSIE J
STREET ADDRESS 16 AVENIDA MENENDEZ
CITY-ST-ZIP ST AUGUSTINE, FL 00000

TITLE PD ☐ DELETE
NAME SIX, KELLY A
STREET ADDRESS 16 AVENIDA MENENDEZ
CITY-ST-ZIP ST AUGUSTINE, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME SIX, LESSIE J.
5.3 STREET ADDRESS 16 Avenida Menendez
5.4 CITY-ST-ZIP St. Augustine, FL 32084

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0017011