**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/1/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
95 AUG -3 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **591604** **(4)**

1. Corporation Name

**FLORIDA LODGING AND FOOD SERVICE ASSOCIATION, IN C.**

| Principal Place of Business | Mailing Address |
|---|---|
| 924 PARKRIDGE CIRCLE WEST<br>PO BOX 6871<br>JACKSONVILLE FL 32239 | 924 PARKRIDGE CIRCLE WEST<br>PO BOX 6871<br>JACKSONVILLE FL 32239 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 10/30/1978 | 3a. Date of Last Report: 08/15/1994 |
| 4. FEI Number: 52-3205020 | ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 6214 Arlington Road | 26 6214 Arlington Road |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 Jacksonville, Florida 3221 | 28 Jacksonville, Fla. 32211 |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ARPIN, DAVID<br>924 PARKRIDGE CIRCLE, WEST<br>JACKSONVILLE, FLORIDA D 32211 | 81 Name: John P. Danglade<br>82 Street Address (P.O. Box Number is Not Acceptable): 6214 Arlington Road<br>83<br>84 City: Jacksonville, Fla. FL 85 Zip Code: 32211 |

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: John P. Danglade 7/27/95
Signature, typed or printed name of registered agent (if changing) — (NOTE: Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | ARPIN, DAVID | 12 NAME | Pres., Secy-Treas. & Director |
| STREET ADDRESS | 924 PARKRIDGE CIR.W. | 13 STREET ADDRESS | John P. Danglade |
| CITY ST ZIP | JACKSONVILLE FL | 14 CITY ST ZIP | 6214 Arlington Rd., Jacksonville, Fla 32211 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY ST ZIP | | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CE034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an amendment with an address.

**SIGNATURE:** 7/27/95 904-745-0294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0120820 FP