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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704087

1. Corporation Name

FLORIDA HOTEL & MOTEL ASSOCIATION, INC.

Principal Place of Business

200 W. COLLEGE ST
P.O. BOX 1529
TALLAHASSEE FL 32302

Mailing Address

200 W. COLLEGE ST
P.O. BOX 1529
TALLAHASSEE FL 32302



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/23/1962

4. FEI Number

59-0248210

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

9. Name and Address of Current Registered Agent

WAITS, THOMAS A.
200 W COLLEGE AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME HARDY, JACK

STREET ADDRESS ONE GRAND CYPRESS BLVD

CITY-ST-ZIP ORLANDO FL

TITLE SD ☒ DELETE

NAME HAWKINS, FRED

STREET ADDRESS 5400 PLANTATION ROAD

CITY-ST-ZIP CAPTIVA FL 33924

TITLE ~~TO~~ ☐ DELETE

NAME MCCREARY, WILLIAM W

STREET ADDRESS 1500 EPCOT RESORTS BLVD.

CITY-ST-ZIP LAKE BUENA VISTA FL 32830-2653

TITLE ~~ED~~ ☐ DELETE

NAME JOHNSON, RON

STREET ADDRESS 9250 BAYMEADOWS ROAD STE 200

CITY-ST-ZIP JACKSONVILLE FL

TITLE ~~ED~~ ☐ DELETE

NAME THIRION, JERRY

STREET ADDRESS 475 SEAGATE DRIVE

CITY-ST-ZIP NAPLES FL

TITLE PCEO ☐ DELETE

NAME WAITS, THOMAS A.

STREET ADDRESS 200 WEST COLLEGE AVE.

CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

TO WALTER BANKS

1700 S. OCEAN LN.

FT LAUDERDALE, FL 33316

☐ Change ☒ Addition

SD

GARY BROWN

2411 S. ATLANTIC AVE

DAYTONA BCH SHORES, FL 32118

CEO ☒ Change ☐ Addition

☒ Change ☐ Addition

D

☒ Change ☐ Addition

CD

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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 617, 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:

SIC *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)