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Feb 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F64707 (5)

1. Corporation Name  
RED ROCKER INN OF BLACK MOUNTAIN INC.



Principal Place of Business  
ONE BEACH DRIVE S.E.  
STE. 205  
ST. PETERSBURG FL 33701  
US

Mailing Address  
ONE BEACH DRIVE S.E.  
STE. 205  
ST. PETERSBURG FL 33701-3952  
US

3. Date Incorporated or Qualified  
01/26/1982  
3a. Date of Last Report  
03/04/1996

4. FEI Number  
56-1325070  
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  
21 2959 1st AVE N.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2959 1st AVE. N.  
Suite, Apt. #, etc.

22 City & State  
23 ST. PETERSBURG, FL

27 City & State  
28 ST. PETERSBURG, FL

24 Zip 33713 25 Country US

29 Zip 33713 30 Country US

9. Name and Address of Current Registered Agent  
BROWN, MICHAEL B  
2959 FIRST AVENUE NORTH  
ST PETERSBURG FL 33701

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME ESHLEMAN, FRED R.  
STREET ADDRESS 6501 PASADENA AVE. NORTH  
CITY - ST - ZIP ST. PETERSBURG FL  
TITLE ST  
NAME ESHLEMAN, PATRICIA A.  
STREET ADDRESS 6501 PASADENA AVE. NORTH  
CITY - ST - ZIP ST. PETERSBURG FL  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do 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.

SIGNATURE: Fred R. Eshleman FRED R. ESHLEMAN 2/2/97 813 351-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)