

**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90007 039 \*\*\*550.00

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|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F94000000041

1. Corporation Name

THE LITCHFIELD INN, INC.

Principal Place of Business

231 BEACH STREET  
LITCHFIELD CT 06759

Mailing Address

201 BEACH STREET  
LITCHFIELD CT 06759

R.L. STRADA CPA  
 P.O. Box 217  
 LITCHFIELD CT  
 06759

DO NOT WRITE IN THIS SPACE

3. Date (Incorporated or Qualified)

01/04/1994

4. FEI Number

06-1188428

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 RTE 202

Suite, Apt. #, etc.

22 City &amp; State

23 LITCHFIELD CT

Zip

24 06759

Country

2a. Mailing Address

26 C/O R.L. STRADA CPA

Suite, Apt. #, etc.

27 P.O. Box 217

City &amp; State

28 LITCHFIELD CT

Zip

29 06759

Country

9. Name and Address of Current Registered Agent

SPENCER THOMAS  
 900 W MARION AVE  
 PUNTA GORDA FL 33950

81 Name WARREN R. ROSS

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

201 W MARION ST # 301

83 PUNTA GORDA

84 City

FL

85 Zip Code

33950

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

WARREN R. ROSS

6-14-99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME PCT

STREET ADDRESS IRWIN, JAMES B SR

CITY-ST-ZIP 231 BEACH STREET

LITCHFIELD CT 06759

1.2 TITLE ☐ DELETE

NAME S

STREET ADDRESS SEAL, STEPHEN

CITY-ST-ZIP 900 W MARION AVE

PUNTA GORDA FL 33950

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STEPHEN SEAL

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  
 JAMES B. IRWIN SR.

P.O.A.

6-14-99

860 567 9126

Date

Daytime Phone #

7-2-99

CR2E034 (1/98)