

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94264** (1)

1. Corporation Name  
**CAROLINA LODGE, INC.**



Principal Place of Business: **7056 WINGED FOOT DR STUART FL 34997 US**  
Mailing Address: **7056 WINGED FOOT DR STUART FL 34997 US**

3. Date Incorporated or Qualified: **08/11/1982**  
3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business: **2098 THOMASVILLE RD**  
2a. Mailing Address: **2098 THOMASVILLE RD**

21. ~~2807 Remington Green Circle~~ 26. ~~2807 Remington Green Circle~~ 4. FEI Number: **59-2614129** Applied For:  Not Applicable:

22. Suite, Apt #, etc. 27. Suite, Apt #, etc. 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

23. City & State: **Tallahassee, FL** 28. City & State: **Tallahassee, FL** 6. Election Campaign Financing:  **\$5.00** May Be Added to Fees

24. Zip: **32308** 25. Country: **US** 29. Zip: **32308** 30. Country: **US** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **BOLLES, STEPHEN S. 988 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082**  
10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable): **2807 Remington Green Circle 2098 THOMASVILLE RD**  
83.   
84. City: **Tallahassee** 85. Zip Code: **FL 32308**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, title, or print name of registered agent and title if applicable. (By 10 - Registered Agent signature required when first filed.)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------|---|--|
| TITLE                      | VPS                    | 11 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOLLES, STEPHEN S      | 12 NAME   |  |
| STREET ADDRESS             | 988 PONTE VEDRA BLVD   | 13 STREET ADDRESS                                     | 2098 THOMASVILLE ROAD  |
| CITY-ST-ZIP                | PONTE VEDRA BEACH FL   | 14 CITY-ST-ZIP  | <del>2807 Remington Green Circle</del><br>Tallahassee, FL 32308              |
| TITLE                      | P                      | 21 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOLLES, JEFFREY D      | 22 NAME   |  |
| STREET ADDRESS             | 2518 SUMMIT SPRINGS DR | 23 STREET ADDRESS                                     | P.O. Box 250481  |
| CITY-ST-ZIP                | DUNWOODY GA            | 24 CITY-ST-ZIP  | Atlanta, GA 30325  |
| TITLE                      |                        | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 32 NAME   |  |
| STREET ADDRESS             |                        | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                        | 34 CITY-ST-ZIP  |  |
| TITLE                      |                        | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 42 NAME   |  |
| STREET ADDRESS             |                        | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                        | 44 CITY-ST-ZIP  |  |
| TITLE                      |                        | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 52 NAME   |  |
| STREET ADDRESS             |                        | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                        | 54 CITY-ST-ZIP  |  |
| TITLE                      |                        | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 62 NAME   |  |
| STREET ADDRESS             |                        | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                        | 64 CITY-ST-ZIP  |  |

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)(k), 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.

SIGNATURE: *Stephen S. Bolles* VP. DATE: **7-8-96** DAYTIME PHONE #: **904 5451904**

CR2E034 (3/96)