

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

Mailing Address

7056 WINGED FOOT DR
STUART FL 34997
US

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

2a. Mailing Address

~~2807 Remington Green Circle~~

~~2807 Remington Green Circle~~ **59-2614129**

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

Tallahassee, FL

Tallahassee, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

32308

32308

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOLLES, STEPHEN S.
988 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082**

81 Name

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

~~2807 Remington Green Circle~~ **2098 THOMASVILLE RD.**

83

84 City

Tallahassee

FL

85 Zip Code
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

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

(If not a Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VPS**
STREET ADDRESS **BOLLES, STEPHEN S**
CITY-ST-ZIP **988 PONTE VEDRA BLVD**
PONTE VEDRA BEACH FL

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **BOLLES, JEFFREY D**
CITY-ST-ZIP **2518 SUMMIT SPRINGS DR**
DUNWOODY GA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2098 THOMASVILLE ROAD
~~**2807 Remington Green Circle**~~
Tallahassee, FL 32308

P.O. Box 250481
Atlanta, GA 30325

SIGNATURE: *Stephen S. Bolles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96

Date

904 5451904

Daytime Phone #

CR2E034 (3/96)