

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF REVENUE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JUL 16 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F44264**
1. Corporation Name
CAROLINA LODGE, INC.

Principal Place of Business Mailing Address
**2221 TREED LN
TALLAHASSEE, FL
32301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4. FEI Number **59-2614129** 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

2. Principal Place of Business 2a. Mailing Address
21 **313 BIRCH ST** 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 **BOWING ROCK, NC** 28
24 **28605** 25 **USA** 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPHEN S. BOLLES
2221 TREED LN
TALLAHASSEE, FL 32301**

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 **[Signature]**
Signature, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/16/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PROSIDENT**
STREET ADDRESS **JEFFREY D. BOLLES**
CITY-ST-ZIP **PO BOX 1296**
DAHLONAGA, GA 36533
TITLE ☐ DELETE
NAME **VP SEC/TREASURER**
STREET ADDRESS **STEPHEN S. BOLLES**
CITY-ST-ZIP **2221 TREED LN**
TALLAHASSEE, FL 32308
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 ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

500002939185-EE
-07/22/99-01093-013
******308.75 ****308.75**

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]** VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

7/16/99

878-7008

CR2E034 (11/98)