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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000004167 (9) DOCUMENT #

BURSON AND SIMPSON LODGE DEVELOPMENT, INC.

FILED

98 DEC -1 AM 8: 41

Principal Flace of business		Matting Address						
RT-1-BOX-1531- CLARKESVILLE-GA-30523		RT 1 BOX 1531 CLARKESVILLE GA 30523		REINSTATEMENT				
					3. Date Incorporated or Qualified	•		
Principal Place of Business     2a. Mailing Address					08/07/1997 4. FEI Number		1.000	
2. Principal P	o. Johnston Street	26 108 No. Johnsto	n Str	e <del>ct</del>			Applied For	
Suite, Apt.		Suite, Apt. #, etc.			58-2149548		Not Applicable \$8.75 Additional	
	Suite 100 27 Suite				5. Certificate of Status Desired	ΙX	Fee Required	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be		
23 Dalla	allas, GA 28 Dallas, G				Trust Fund Contribution		Added to Fees	
Zip _	Country	Zip	Country	4.5.4	8. This corporation owes or has pa	id the curr	ent year Intangible	
24 3013	20		0 0	is A	Personal Property Tax due June		Yes 🗵 No	
	9. Name and Address of Current	Registered Agent	81	<del></del>	10. Name and Address of New Re	gistered A	gent	
KEATING, JOHN K				Name				
749 N. GARLAND AVE., #101			82	Street A	Address (P.O. Box Number is Not Acceptable)			
OR	LANDO FL 32801							
			83	]				
ſ			84	City			85 Zip Code	
		1 007 4500 TO 12 O		L		FL_		
1 Cursuant 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 for the corporation of changing its registered gent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.								
gent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.								
S ATURE			<u> </u>			_///:	30/38	
<u> </u>	Signature, typed-or frinted roce of registered spent OFFICERS AND		Tegistered Ag	ent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE	- DATE	DIDECTORS IN 40	
T2.	PD OFFICERS AND	DELETE	1.1 TITLE	— Т	<del></del>		Change Addition	
NAME	Burson, Kenneth L		1.2 NAME	1	5000027	704	5555	
STREET ADDRESS			1 3 STREET		-12/07/9801140008		140008	
	OL STURNMENT OF SORTE			- 1	****758.75 ****758.75			
CHY-ST-ZIP	VD	DELETE	1.4 CITY - S 2,1 TITLE	51-ZP			X: Change ☐ Addition	
NAME	SIMPSON, STEVE		2.1 MAME	1		,	A creating - Acceptant	
STREET ADDRESS	7 <del>692 FULLER LOO</del> P		2.3 STREET	ADDOCCO	168 No. Johnston Street, S	State.	100	
CITY-ST-ZIP	DALLAS GA 30132		2 4 CITY-	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	
TITLE	ST ST	DELETE	3.1 TITLE	31-41			X Change ☐ Addition	
NAME	SIMPSON, MARY J		32 NAME	1			Za oniango ridditon	
STREET ADDRESS	7692 FULLER LOOP		3.3 STREET	ADDRESS	168 No. Tohnston Street.	ميلة (ع)	100	
CITY-ST-ZIP	DALLAS GA 30132		3.4. CITY-		TOO NOT GOING OFF COLUMN	04.10		
TIRE	DALLING OF GOIGE	DELETE	4.1 TITLE	31-211			Change Addition	
NAME			4. 2 NAME			•		
STREET ADDRESS			4. 2 MAINE 4.3 STREET	- 1			ļ	
CITY-ST-ZIP			4.4 CITY - S	- 1			i	
TITLE	<del></del>	DELETE	5.1 TITLE	11-20			Change L Addition	
NAME			5.2 NAME	ļ		•		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S				į	
TITLE		DELETE	6.1 TITLE	11-215			Change Addition	
NAME			6.2 NAME	1				
STREET ADORESS			6,3 STREET	ADORESS		,	$\langle \mathcal{M} \rangle$	
CITY_ST_7ID			6 A PITY - S	,		/		

IGNATURE:

1. 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 part, 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.

The poor of the corporation of 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.

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SIGNATURE: