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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90032 042 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004538

1. Corporation Name
VILLAGE HOTEL & RESTAURANT, INC.

Principal Place of Business
7830 PINE FOREST ROAD
PENSACOLA FL 32526

Mailing Address
7830 PINE FOREST ROAD
PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/10/1998

4. FEI Number

63-1023085

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

9. Name and Address of Current Registered Agent

WILLINGHAM, PATRICK
7830 PINE FOREST ROAD
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME SHERER, MAURICE
STREET ADDRESS 25819 CANAL ROAD
CITY-ST-ZIP ORANGE BEACH AL 36561

TITLE VCPD
NAME WILLINGHAM, PATRICK
STREET ADDRESS 25819 CANAL ROAD
CITY-ST-ZIP ORANGE BEACH AL 36561

TITLE VP
NAME WARREN, DOUG
STREET ADDRESS 25819 CANAL ROAD
CITY-ST-ZIP ORANGE BEACH AL 36561

TITLE S
NAME WINBORNE, ROYCE
STREET ADDRESS 25819 CANAL ROAD
CITY-ST-ZIP ORANGE BEACH AL 36561

TITLE D
NAME JOHNSON, MILLARD
STREET ADDRESS 25819 CANAL ROAD
CITY-ST-ZIP ORANGE BEACH AL 36561

TITLE D
NAME LAIRD, PHILIP A
STREET ADDRESS 25819 CANAL ROAD
CITY-ST-ZIP ORANGE BEACH AL 36561

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

ROYCE WINBORNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

1/12/99 (334) 981-0200
Date Daytime Phone #

CR2E034 (11/98)