

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90224 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G13702

1. Corporation Name

CRAIN LODGING SUPPLY, INC.

Principal Place of Business

**5780 QUINTETTE ROAD
PACE FL 32571
US**

Mailing Address

**5780 QUINTETTE ROAD
PACE FL 32571
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1982

4. FEI Number

59-2241417

Applied For

Not Applicable

5. Certificate of Status Desired ☐
**\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Func 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

**ROBERTS, GERALD M
434 SOUTH NAVY BLVD
PENSACOLA, FL
32507**

10. Name and Address of New Registered Agent

81 Name

CRAIN, PHIL

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

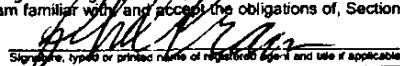
5780 QUINTETTE ROAD

83

84 City
PACE**FL**85 Zip Code
32571

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



(NOTE: Registered Agent signature required when reinstating)

3/29/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAIN, PHIL	
STREET ADDRESS	3300 COLONIAL OAKS #2B	
CITY-ST-ZIP	PACE FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	CAMPBELL, WANDA	
STREET ADDRESS	3300 COLONIAL OAKS #2B	
CITY-ST-ZIP	PACE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CRAIN, PHIL	
1.3 STREET ADDRESS	5780 QUINTETTE ROAD	
1.4 CITY-ST-ZIP	PACE, FL 32571	

2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAMPBELL, WANDA	
2.3 STREET ADDRESS	5780 QUINTETTE ROAD	
2.4 CITY-ST-ZIP	PACE, FL 32571	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

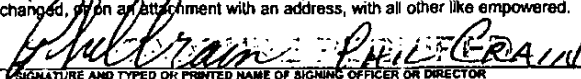
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, upon an attachment with an address, with all other like empowered.

SIGNATURE:


3/19/99
 Date

8509941143
 Daytime Phone #

CR2E034 (11/88)