SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G26728

(7)

KING'S INN OF LAKE CITY, INC.

FILED Jul 13 1998 8:00am Secretary of State

Principal Place % W. L. SUMM HALL OF FAMI LAKE CITY FL US	#, etc. Country 25 9, Name and Address of Current Re MERS, W. L. L OF FAME DRIVE BOX 2817 E CITY FL 32058	% W. Hall	Mailing Address % W. L. SUMMERS HALL OF FAME DRIVE, P.O. BOX 2817 LAKE CITY FL 32055 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
9 Dringlas I	Dinn of Business		talling Address				DO NOT WRITE IN THIS \$PACE 3. Date Incorporated or Qualified 03/02/1983 4. FEI Number		
2. Principal F	Place of Business	<u> </u>	•	. 201	. ~		E0-00044E0		
Suite, Apt	. #, etc.	S	P U	K28_	I_/_		\$8.75 Additiona		
22		27							
City & Sta	te						6. Election Campaign Financing \$5.00 May Be		
23									
Zip	— —								
24	and the second s			30 C	<u>. ن</u>	Lumbia	· · · · · · · · · · · · · · · · · · ·		
SUM	IMERS, W. L.		Making Address **W. K. L SIMMERS **HALL OF FAME DRIVE. P.O. BOX 2817 LAKE CITY FL 2025S **B. L SIMMERS **HALL OF FAME DRIVE. P.O. BOX 2817 LAKE CITY FL 2025S **B. L SIMMERS **A. L S						
	L OF FAME DRIVE				00	Cton at A 31	(D.O. Day Number in Net Assertable)		
	BOX 2817				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
LAK	E CITY FL 32056				83				
					84	City	p⊷∎ 85 Zip Code		
44 -					l	L			
office or	registered agent, or bot	h, in the State of Florida	Such change was	authorize	đ by	the corporatio	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
SIGNATURE		copt the obligations of, s	, coco, 100 (100)	ioriua Sta	เนเซล),			
SIGNATURE	Signature, typed or printed nam	e of registered agent and title If as	oplicable (N	OTE: Registe	ered A	gent signature requi	ired when reinstating) DATE		
12.		OFFICERS AND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SUMMERS, W.L.		DELETE				Change Addi		
NAME		RIVE/NA, PO BOX 281	7						
STREET ADDRESS	LAKE CITY FL	IIILIIM, I O DON EUI	'						
CITY-ST-ZIP	ST					-ZIP			
NAME	WOOD, J.T.		L DELETE				L Change Addi		
STREET ADDRESS	RT 17 BOX 460			1		ADDOCCC			
CITY-ST-ZIP	LAKE CITY FL								
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NAME			OCCLIC				Citange [] Adds		
STREET ADDRESS						ADDRESS			
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CITY-ST-ZIP		w. e		5 4 CI	TY-ST	ZIP			
TITLE			DELETE	6.1 TI	TLE		Change Addit		
NAME	;			6.2 N/	ME				
STREET ADDRESS				6.3 ST	REET	ADDRESS	-0(/14/3501030031 // <i>\</i>		
CITY-ST-ZIP	1 3			64.01	TY-ST-	71D	************************************		

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 aftectment with an address.

a note explaining why the report was late. office and a lady told me to send this amount and write a 2nd notice on Thursday July 2, 1998. I called your We did not receive a first report packet. We received I am sending a check for \$150.00 for our annual report.

Thank you,

Adm. Assistant

R