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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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-04/29/96--01067--013  
\*\*\*\*200.00 \*\*\*\*200.00

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G56078** (0)

1. Corporation Name

**THI FLORIDA, INC.**

Principal Place of Business

Mailing Address

**C/O TOLLMAN-HUNDLEY HOTELS  
100 SUMMIT LAKE DRIVE, 3RD FLOOR, NORTH  
VALHALLA NY 10595**

**C/O TOLLMAN-HUNDLEY HOTELS  
100 SUMMIT LAKE DRIVE, 3RD FLOOR, NORTH  
VALHALLA NY 10595**

2. Principal Place of Business

2a. Mailing Address

21 **C/o Tollman Hundley Hotels**

26 **C/o Tollman Hundley Hotels**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1886 Route 52**

27 **1886 Route 52**

City & State

City & State

23 **Hopewell Junction N.Y.**

28 **Hopewell Junction N.Y.**

Zip

Country

Zip

Country

24 **12533**

25 **US**

29 **12533**

30 **US**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**08/15/1983**

3a. Date of Last Report

**12/04/1995**

4. FEI Number

**59-2535760**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS STREET  
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

*Marcia A. Harner*

*Marcia A. Harner, Assistant Secretary 4/26/96*

Signature typed or printed name of registered agent and date of appointment

(Signature typed or printed name of registered agent and date of appointment)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DTV**  
STREET ADDRESS **TOLLMAN,ARNOLD**  
CITY-ST-ZIP **100 SUMMIT LAKE DRIVE  
VALHALLA NY**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **TOLLMAN, STANLEY**  
CITY-ST-ZIP **100 SUMMIT LAKE DRIVE  
VALHALLA NY**

TITLE ☐ DELETE

NAME **DP**  
STREET ADDRESS **HUNDLEY, MONTY D**  
CITY-ST-ZIP **100 SUMMIT LAKE DRIVE  
VALHALLA NY**

TITLE ☐ DELETE

NAME **VS**  
STREET ADDRESS **FREEMAN, SANFORD**  
CITY-ST-ZIP **100 SUMMIT LAKE DRIVE  
VALHALLA NY**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sanford Freeman, Secy*  
4/23/96

914223-3603  
Date

CR2E034 (12/95)