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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H32203

(2)

LONG BEACH INN, INC.

**FILED** Mar 07 1997 8:00am Secretary of State

|   |   | % LYNN L. LOVE<br>10515 FRONT BEACH R |                       |  |   |                                    |
|---|---|---------------------------------------|-----------------------|--|---|------------------------------------|
| PANAMA CII  | IT DENUM PL 32407-3313                            | PANAMA CITY BEACH (                   | -L 36407-3515         |  | Date Incorporated or Qualified     12/03/1984   | 3a. Date of Last Report 03/13/1996 |
|   | Place of Business                                 | 2a. Mailing Address                   |                       |  | 4. FEI Number   | Applied For                        |
| 21  |   | 26                                    |                       | ·                                      | 59-2469686  | Not Applicable                     |
| Suite, Apt #, etc. Suite, Apt #, etc. 27                  |   |                                       |                       | 5. Certificate of Status Desired       | \$8.75 Additional Fee Required  |                                    |
| 22         27           City & State         City & State |   |                                       |                       |  | 6. Election Campaign Financing  | \$5.00 May Be                      |
| 23  |   | 28                                    |                       | —————————————————————————————————————— | Trust Fund Contribution   | Added to Fees                      |
| Zip   | Country   | Zip                                   | Count                 | ry                                     | 8. This corporation has liability for   | intangible tax under s. 199.032,   |
| 24  | 25  | 29                                    | 30                    |  |   | Yes No                             |
|   | 9. Name and Address of Curre                      | nt negistered Agent                   |                       | 1 Name                                 | 10. Name and Address of New Re  | agistered Agent                    |
| LOVE, LYNN L.<br>10601 FRONT BEACH RD                     |   |                                       | L                     |  |   |                                    |
| PANAMA CITY BCH FL 32407                                  |   |                                       | 8                     | 2 Street Add                           | Iress (P.O. Box Number is Not Acceptal  | ble)                               |
|   | ENERGY OFFI DOUGHE (\$70)                         |                                       | 8                     | 3                                      |   |                                    |
|   |   |                                       | 8                     | 4 City                                 |   | <b>85</b> Zip Code                 |
|   |   |                                       |                       | City                                   | ·   | FL   S   Zip Code                  |
| SIGNATURE   | Signature, typed or protein canno of impedimed ag |                                       |                       |  | ition's board of directors. I hereby acce<br>ired when renstating)  ADDITIONS/CHANGES TO OFFI | DATE                               |
| PHE   | PV  | DELETE                                | 1.1 TITLE             |  |   | ☐ Change ☐ Addition                |
| NAME  | RICHEY, BILL                                      |                                       | 1.2 NAM               |  |   |                                    |
| STREET ADORESS  |   |                                       |                       | ET ADDRESS                             |   |                                    |
| CHY-S1-20   | PANAMA CITY BEACH FL                              | DELETE                                | 1.4 CITY<br>2.1 TITLE |  |   | Change Addition                    |
| TITLE   | LOVE, LYNN L                                      | F Deteil                              | 2.1 HILE<br>2.2 NAM   | ì                                      |   | C change C vacation                |
| STREET ADDRESS  |   |                                       |                       | ET AODRESS                             |   |                                    |
| CTY-ST 2/P  | PANAMA CITY BCH FL                                |                                       | 2. 4 CITY             | · I                                    |   | i                                  |
| Mt  | S   | ☐ DELETE                              | 3.1 TITLE             |  |   | Change Addition                    |
| NAVE  | HARRAH, NANCY J                                   |                                       | 3.2 NAM               | <u> </u>                               |   |                                    |
| STHEET ADDRESS  |   |                                       | 3.3 STRE              | ET ADORESS                             |   |                                    |
| COLY - ST - 71P   | LYNN HAVEN FL                                     | Lessen                                | 34 CITY               |  |   |                                    |
| TITLE   |   | DELETE                                | 4.1 TITLE             | - 1                                    |   | Change Addition                    |
| NAME  |   | •                                     | 4. 2 NAM              | i                                      |   |                                    |
| STREET ADDRESS  | 5   |                                       |                       | ET ADDRESS                             |   |                                    |
| CITY - \$1 - 717<br>Tifut                                 |   | DELETE                                | 4.4 CHY-              |  |   | Change Addition                    |
| NAME  |   |                                       | 5 2 NAM               | ì                                      |   |                                    |
| STREET ADDRESS  | s   |                                       |                       | ET ADDRESS                             |   |                                    |
| 0HY-51-2⊯   |   |                                       | 5.4 CITY              |  |   | •                                  |
| THILE   |   | ☐ DELETE                              | 6.1 TITLE             |  |   | Change Addition                    |
| ALDESE.   |   |                                       | G 2 NAM               | .                                      |   |                                    |

14. I do 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 suppliemental 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 chapted, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADORESS.

CITY-ST ZIP