

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).

FILED

Aug 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H38045

(1)

1. Corporation Name

ORLANDO SONS HOSPITALITY, INC.



Principal Place of Business

% MALCOLM A. FINNANE
3300 WEST COLONIAL DRIVE
ORLANDO FL 32808

Mailing Address

% MALCOLM A. FINNANE
3300 WEST COLONIAL DRIVE
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1985

4. FEI Number

59-2499732

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 1055 Kensington Pk Dr

2a. Mailing Address

26 1055 Kensington Pk Dr

Suite, Apt. #, etc.

22 #511

Suite, Apt. #, etc.

27 #511

City & State

23 Altamonte Springs

City & State

28 Altamonte Springs

Zip

24 32714

Country

25 U.S.A.

Zip

29 32714

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MCGAVOCK, MICHAEL E
3300 WEST COLONIAL DRIVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

McGavock, Michael E

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

1055 Kensington Pk Dr # 511

83

84 City

Altamonte Springs FL

85 Zip Code

32714

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 D ☐ DELETE

NAME MCGAVOCK, MARGARET
STREET ADDRESS 3300 W. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE P ☐ DELETE

NAME MCGAVOCK, MICHAEL
STREET ADDRESS 3300 W COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME McGavock, Margaret
1.3 STREET ADDRESS 1055 Kensington Pk Dr # 511
1.4 CITY-ST-ZIP Altamonte Springs FL 32714

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME McGavock, Michael
2.3 STREET ADDRESS 1055 Kensington Dr # 511
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address.

SIGNATURE:

Margaret McGavock

CR2E034 (5/98)