

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90020 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J18900**

1. Corporation Name  
**FERNWOOD HOTEL, INC.**

Principal Place of Business  
**912 S. RIDGEWOOD AVE., SUITE D  
DAYTONA BEACH FL 32114**

Mailing Address  
**912 S. RIDGEWOOD AVE., SUITE D  
DAYTONA BEACH FL 32114**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/06/1986**

4. FEI Number

**59-2712126**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21 772 Buena Vista Avenue**

**26 772 Buena Vista Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Ormond Beach, Florida**

**27 Ormond Beach, FL**

City & State

City & State

**23 32174 USA**

**28 32174 USA**

Zip Country

Zip Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUPONT, HEWITT J.  
912 S RIDGEWOOD AVE  
SUITE D  
DAYTONA BEACH FL 32114**

81 Name

**JAMES L. ROSE**

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

**20 N. HALIFAX**

83 **DAYTONA BEACH, FL**

84 City

**FL**

85 Zip Code

**32118**

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

**1-31-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **HEWITT, DUPONT J.**  
STREET ADDRESS **912 S RIDGEWOOD AVE, SUITE D**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME **CARTER, BARBARA ALLEN**  
STREET ADDRESS **772 BUENA VISTA AVE.**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME **LINKOUS, NANCY LOUISE**  
STREET ADDRESS **772 BUENA VISTA AVE.**  
CITY-ST-ZIP **ORMOND BEACH 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

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

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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, with all other like empowered.

SIGNATURE:

**Barbara Allen Carter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/01/99 904/258-4450**

Date

Daytime Phone #

CR2E034 (11/98)