FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:01

DOCUMENT # **J33784** **(6)**

1. Corporation Name
FLORIDA INDUSTRIAL FILTERS, INC.

Principal Place of Business	Mailing Address
1367 HIGHLAND AVE. DUNEDIN FL 34698	1367 HIGHLAND AVE. DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/16/1986**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-2722381** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BLOK, ARIE~~
~~4703 WRENTHAM PLACE~~
~~PALM HARBOR FL 34685~~

10. Name and Address of New Registered Agent

81 Name: Hickman, Hiram P.
82 Street Address (P.O. Box Number is Not Acceptable): 347 Bailey Court
83 Palm Harbor, Fl 34684
84 City: Palm Harbor FL 85 Zip Code: 34684

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: X Hiram P. Hickman X Hiram P. Hickman 02/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	PT	☒ Change ☐ Addition
NAME	~~BLOK, ARIE~~	12 NAME	Hickman, Hiram P.	
STREET ADDRESS	~~4703 WRENTHAM PLACE~~	13 STREET ADDRESS	347 Bailey Court	
CITY-ST-ZIP	~~PALM HARBOR FL~~	14 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	~~BLOK, KLAZINA C.~~	22 NAME	Hewetson, Debra	
STREET ADDRESS	~~4703 WRENTHAM PLACE~~	23 STREET ADDRESS	1137 Bass Blvd.	
CITY-ST-ZIP	~~PALM HARBOR FL~~	24 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Hiram P. Hickman 02/10/95 813/733-0461
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

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Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:29

DOCUMENT # **J33906** **(5)**

1. Corporation Name
BUENA VISTA HOSPITALITY GROUP, INC.

Principal Place of Business	Mailing Address
101 E. KENNEDY, STE 2975 TAMPA FL 33602	101 E. KENNEDY, STE 2975 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1986
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 101 E. KENNEDY BOULEVARD	26 101 E. Kennedy Blvd.
22 Suite 3925	27 Suite 3925
23 Tampa FL	28 Tampa FL
24 33602 Country	29 33602 Country 30

4. FEI Number: 59-2730604 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MULLIS, HAROLD W., JR. 101 E. KENNEDY, STE 2700 TAMPA FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☒ Change ☐ Addition
NAME	FROST, MICHAEL H.	12 NAME	
STREET ADDRESS	101 E. KENNEDY, #2975	13 STREET ADDRESS	101 E. Kennedy, Suite 3925
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	KENNEDY, DAVID A.	22 NAME	
STREET ADDRESS	101 E. KENNEDY, #2975	23 STREET ADDRESS	101 E. Kennedy, Suite 3925
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	STOLZ, ROBERT L.	32 NAME	
STREET ADDRESS	1900 LAKE BUENA VISTA	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	34 CITY-ST-ZIP	
TITLE	EVP	41 TITLE	☐ Change ☐ Addition
NAME	BAGWELL, DAVID	42 NAME	
STREET ADDRESS	1900 LAKE BUENA VISTA	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	FLUHART, DARRYL C.	52 NAME	
STREET ADDRESS	1900 LAKE BUENA VISTA	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	MOREL, FLORIAN	62 NAME	
STREET ADDRESS	1900 LAKE BUENA VISTA	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 3-21-95 813 221-7535
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #
MICHAEL H. FROST