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Secretary of State

06-10-1999 90039 001 ***750.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J44340

1. Corporation Name

FIVE STAR ASSOCIATES, INC.

Principal Place of Business

516 S. DILLARD
STE. 4
WINTER GARDEN FL 34784
US

Mailing Address

P.O. BOX 6367
DIAMONDHEAD MS 39625-6000
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1986

4. FEI Number

59-2855440

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

EBY, MELANIE
516 S. DILLARD
STE. 4
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name

EBY, MELANIE

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

1739 Roberts Landing Rd.

83

84 City

Windermere

FL

85 Zip Code

34786

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

Melanie Eby
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 PVD ☒ DELETE

NAME EBY, MELANIE
STREET ADDRESS 516 S. DILLARD STREET, STE. 4
CITY-ST-ZIP WINTER GARDEN FL

TITLE S ☒ DELETE

NAME HALL, KATHRYN
STREET ADDRESS 23098 FREDDIE FRANK ROAD
CITY-ST-ZIP PASS CHRISTIAN MS

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 P.S.D. ☒ Change ☐ Addition

12 NAME EBY, JAMES
13 STREET ADDRESS 23098 Freddie Frank Rd.
14 CITY-ST-ZIP Pass Christian, MS 39571

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 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

52 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 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, with all other like empowered.

SIGNATURE:

James Eby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 228-452-4733
Date Daytime Phone #

CR2E034 (1/198)