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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90105 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J45442

1. Corporation Name
REGENCY ALL SEASONS, INC.

Principal Place of Business

% JOHN E. HUDSON
6709 RIDGE ROAD, SUITE 200
PORT RICHEY FL 34668-3890

Mailing Address

% JOHN E. HUDSON
6709 RIDGE ROAD, SUITE 200
PORT RICHEY FL 34668-3890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1986

4. FEI Number

59-2747155

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 2739 U.S. Hwy. 19

2a. Mailing Address
26 P.O. Box 2108

Suite, Apt. #, etc.
22 Suite 201

Suite, Apt. #, etc.
27

City & State
23 Holiday, FL

City & State
28 Holiday, FL

Zip Country
24 34691 25 USA

Zip Country
29 34680-2108 30 USA

9. Name and Address of Current Registered Agent

HUDSON, JOHN E.
6709 RIDGE ROAD
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2739 U.S. Hwy. 19, Suite 201

83

84 City

Holiday

FL

85 Zip Code

34691

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 PD
NAME HUDSON, JOHN E.
STREET ADDRESS 6709 RIDGE RD
CITY-ST-ZIP PORT RICHEY FL

☐ DELETE

TITLE S
NAME SILVA, SUSAN
STREET ADDRESS 6709 RIDGE RD
CITY-ST-ZIP PORT RICHEY FL

☐ DELETE

TITLE VT
NAME NORTON, DAVID C.
STREET ADDRESS 6709 RIDGE ROAD
CITY-ST-ZIP PORT RICHEY FL

☒ DELETE

TITLE V
NAME SLEEMAN, GEORGE
STREET ADDRESS 6709 RIDGE ROAD
CITY-ST-ZIP PORT RICHEY FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2739 U.S. Hwy. 19, Suite 201
1.4 CITY-ST-ZIP Holiday, FL 34691

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2739 U.S. Hwy. 19, Suite 201
2.4 CITY-ST-ZIP Holiday, FL 34691

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)