

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # J66342 (3)

1. Corporation Name

DEANIE'S LODGE INC.

Principal Place of Business

253 PALM PARK CIRCLE
SUITE 103
LONGWOOD FL 32779
US

Mailing Address

P.O. BOX 915812
LONGWOOD FL 32791



2. Principal Place of Business

2a. Mailing Address

21 5461 BRYANT AVE S.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State
23 SANFORD FL

27 City & State

24 Zip 32773 Country USA

28 Zip Country

3. Date Incorporated or Qualified
04/10/1987

3a. Date of Last Report
04/27/1995

4. FEI Number
59-2798730

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 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

NADINE G. THORNTON
253 PALM PARK CIRCLE
SUITE 103
LONGWOOD FL 32779

81 Name NADINE G. THORNTON

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

83

84 City WINTER SPRINGS

FL 85 Zip Code 32708

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 in 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 ☐ DELETE
NAME PSTD
STREET ADDRESS THORNTON, NADINE G.
CITY-STATE-ZIP 253 PALM PARK CIRCLE, #103
LONGWOOD FL

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 820 SHEOHAN CIRCLE
14 CITY-STATE-ZIP WINTER SPRINGS FL. 32708

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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: X Nadine G. Thornton NADINE G. THORNTON 3-29-96 (407) 330-9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)