2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90726 018 ***150 00

Procusual Place of Business CAT TOLLIAMM-HUNDLEY HOTELS 2424 ROUTE 52 4224 ROUTE 52 4	1. Entity Nam	DOCUMEN 1 # 37694 1 I. Enlity Name F.H. OLD TOWN, INC.				05-03-2004 90726 018 *****150.00				
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City & State Self-Robinsor For Property Self-Robinsor For Self-Ro	2. Principal P	lace of Business	3. Mailing Address							
Set 174.0109 Set	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004	Chg-P	CR2E03	4 (10/03)		
S. Certification of Silstitus Deserved Fee Required Free Require	City & State		City & State		į.		-			
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 City City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fivida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Fivida. I am familiar with, and accept the chilgations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Process AND DIRECTORS TOLLMAN, BEA TOLLMAN TOLLMAN TOLLMAN TOLLMAN TOLLMAN TOLLMAN TOLLMAN	Zip	Country	Zip Country		ntry	5. Certificate of	of Status Desired			
Street Address (P.C. Box Number is Net Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigagations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida agents and the Florida agents and th		6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New Re	egistered Aç	gent	
E. The above named entity submits this statement for the purpose of changing its registered aligner. 8. The above named entity submits this statement for the purpose of changing its registered aligner. 9. Exection Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. ADDITIONS	1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatus 1,09810 # Jensel agent of technique and the Floridative	TALLAHA	SSEE, FL 32301								
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After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fées Title DC Addition Trust Fund Contribution. Tust Fund Con	SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable (NC	TE: Register	ed Agent signature require	ed when reinstating)		DATE		
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TITLE NAME STREET ADDRESS CITY - ST-ZIP 12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath: 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered	STREET ADDRESS	1886 ROUTE 52)533	ŞTR	AE EET ADDRESS C. ST-7IP	muons 1	50dee = 52 = 11/12	2533		
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