## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

|   | THE BE                                     | EACH COLONY MOTEL O   | f <b>Panam</b> a | CITY BEAC      | H, INC       |   |  |  |
|---|--|---|------------------|----------------|--------------|---|--|--|
| Principal Place of Business Mailing Address |  |   |                  |                |              | <del></del>                               | i indiiis diin faana lakki ladda lidea liik alakk  | OTEN ONON OTAL BION BEON TEN                           |
| 984 CARLISLE ROAD 984 CARLISLE ROAD         |  |   |                  |                |              |   |  |  |
| CHIPLEY FL 32428 CHIPLEY FL 32428           |  |   |                  |                |              | DO NOT WRITE IN TH                        | IIS SPACE  |  |
|   |  |   |                  |                |              |   | 3. Date Incorporated or Qualified  | IIS SI ACE   |
|   |  |   |                  |                |              |   | 06/23/1987   |  |
| 2.  | Principal P                                | lace of Business  | 2a. Ma           | ling Address   |              |   | 4. FEI Number  | Applied For  |
| 21  |  | 26  |                  |                |              |   | 59-2414570   | Not Applicable   |
|   | Suite, Apt.                                | ite, Apt. #, etc. Suite, Apt. #, etc.   |                  |                |              |   | 5. Certificate of Status Desired   | \$8.75 Additional                                      |
| 22  | 27   |   |                  |                |              | 5. Certificate of Status Desired          | Fee Required   |  |
|   | City & State                               | <b>├</b> ──┐ '  |                  |                |              |   | 6. Election Campaign Financing   | \$5.00 May Be  |
| 23  |  | 28  |                  |                |              |   | Trust Fund Contribution L.   | Added to Fees  |
| _   | Zip  | Country   | Zip              |                | Countr       | У   | <b>B.</b> This corporation owes or has paid the  |  |
| 24  |  | 25<br>9. Name and Address of Curr   | 29               | d Acent        | 30           |   | Personal Property Tax due June 30.  10. Name and Address of New Register                             | Yes No   |
|   | DI 1                                       | <del></del>   | ont noglatore    | o vigorit      | 8.           | Name                                      | 10. Name and Addiess of New Hegiston   | ed Agent   |
| BUSH, JOHN<br>984 CARLISLE ROAD             |  |   |                  |                |              |   |  |  |
| CHIPLEY FL 32428                            |  |   |                  | 82             | Street Add   | dress (P.O. Box Number is Not Acceptable) |  |  |
|   | Off  | HPUET FL 32420  |                  |                | 83           | 3   |  |  |
|   |  |   |                  |                | L            |   |  |  |
|   |  |   |                  |                | 84           | City                                      | F  | 85 Zip Code  |
|   | office or re                               | to the provisions of Sections 607.03 egistered agent, or both, in the Starn familiar with, and accept the obl | te of Florida. S | uch change was | authorized b | withe corpora                             | rporation submits this statement for the purpos<br>ation's board of directors. I hereby accept the a | e of changing its registered appointment as registered |
|   |  | Signature, typed or printed name of registered a  | <del></del>      |                |              | jont signature requ                       | uired when reinstating) DAT  |  |
| 12.   | · · · · ·                                  | OFFICERS A  | ND DIRECTOR      |                | 13.          |   | ADDITIONS/CHANGES TO OFFICERS A  |  |
| TITLE                                       | Í  | MITCHELL THIOTHY D  |                  | ☐ DELETE       | 1.1 TITLE    | 1   |  | ☐ Change ☐ Addition                                    |
|   | NAME MITCHELL, TIMOTHY D.  7718 KINGMAN ST |   |                  |                | 1.2 NAME     |   |  |  |
|   | DAMASA OFFI PEACLE IN COLOR                |   |                  |                |              | T ADDRESS                                 |  |  |
| TITLE                                       | -ST-ZIP                                    | TANAMA OIT BEAUTITE S   | 2401             | DELETE         | 1.4 CiTY-    | SI-ZIP                                    |  | ☐ Change ☐ Addition                                    |
| NAM   | •  | MITCHELL, PATRICIA  |                  | _ ottest       | 2.2 NAME     | -   |  | C outlings C Modifical                                 |
|   | ET ADDRESS                                 | 7718 KINGMAN ST   |                  |                |              | T ADDRESS                                 |  |  |
|   | PANAMA CITY BEACH FL 32407                 |   |                  |                | 2.4 CITY     |   |  | 1  |
| TITLE                                       | _  | 8   | <u> </u>         | DELETE         | 3.1 TITLE    | 31-211                                    |  | Change Addition  |
| NAM   |  |   |                  | 3.2 NAME       |              |   |  |  |
| STRE  | ET ADDRESS                                 | 984 CARLISLE ROAD   |                  |                | 3 3 STREE    | T ADDRESS                                 |  |  |
| CITY  | -ST-ZIP                                    | ST-ZIP CHIPLEY FL 32428   |                  |                | 34, CITY-    | ST-ZIP                                    |  |  |
| TITLE                                       | :  | VP  |                  | DELETE         | 4.1 TITLE    |   |  | Change Addition  |
| NAM   | E [  | Bush, John  |                  |                | 4. 2 NAME    | : [                                       |  | [  |
| STRE  | ET ADDRESS                                 | 964 CARLISLE ROAD   |                  |                | 4.3 STREE    | T ADDRESS                                 |  |  |
| CITY  | -ST-ZIP                                    | CHIPLEY FL 32428  |                  |                | 4.4 CITY -   | ST-ZIP                                    |  |  |
| TITLE                                       | i  |   |                  | DELETE         | 5.1 TITL€    |   |  | ☐ Change ☐ Addition                                    |
| NAM   |  |   |                  |                | 5.2 NAME     |   |  |  |
| STRE  | ET ADDRESS                                 |   |                  |                | 5.3 STREE    | T ADDRESS                                 |  |  |
|   | -ST-ZIP                                    | . <del> </del>  |                  | 7 55 555       | 5.4 CITY-    | ST - ZIP                                  | · · · · · · · · · · · · · · · · · · ·  |  |
| TITLE                                       |  |   |                  | ☐ DELETE       | 6 1 TITLE    | İ   |  | Change Addition  |
| NAM   | J  |   |                  |                | 6 S NAME     | J   |  | J  |
| STRE  | et address                                 |   |                  |                | 6.3 STREE    | T ADDRESS                                 |  |  |

14. Thereby certify that the information supplied with this filing cloes 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.

**FILED** 

Jan 26 1998 8:00am

Secretary of State