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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

509 NORTH RIDGEWOOD DRIVE

SEBRING FL 33870

DOCUMENT # J82550

(1)

509 NORTH RIDGEWOOD DRIVE

SEBRING FL 33870

SANTA ROSA INN AND CAFE, INC.

Principal Place of Business Maling Address

						3. Date Incorporated or Qualified 07/13/1987	3a. Date o		t Report 995
. Ériocinal Pla	rie of Business	2a. Mailing Address				4. FEI Number		Т	Applied For
]		26			59-2824031			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be
1 Zip	Country	Žip	Cour	ntry		8. This corporation has liability for	intangible tax	unde	rs 199.032,
]	25	29	30	F7		Florida Statutes 💹 Yes	s ∐ No		
	9. Name and Address of Currer		14-1			10. Name and Address of New F	Registered A	gent	
				81	Name				
RHOADES, CLIFFORD R.			<u> </u>						
			82 Street Ad		Street Addre	ddress (P.O. Box Number is Not Acceptable)			
	RTH RIDGEWOOD DRIVE, SUITE	: # 11	}	83					
SEBRING	3 FL 33870			53					
				84	City			85	Zip Code
				ΙÌ		ation submits this statement for the pu	FL		
familiar wit IGNATURE	th, and accept the obligations of. Sec	tion 607,0505, Florida Statut	es.		it sumature required	d of directors. I hereby accept the app	DATE		
	Signature April or prison, name of my deretage:	ND DIRECTORS	13.	Agen	it bigital are responsed	ADDITIONS/CHANGES TO OFF		DIREC	CTORS IN 12
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Mt	BOWDEN, DONALD L.		12 N/						
REF ACCORESS	509 N RIDGEWOOD DR				ADDRESS				
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BELL AMBRESS	509 N RIDGEWOOD DR		235	TREET	ADDRESS				
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4. I do hereby certify that the information supplied with this fing 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 certify 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 attaching not with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 (941) 385-0641

CR2E034 (12/95)