

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90014 008 ***150.00

DOCUMENT # K00321

1. Corporation Name

LODGE CONSTRUCTION, INC.

Principal Place of Business

**2161 MCGREGOR BLVD.
UNIT B
FT. MYERS FL 33901
US**

Mailing Address

**2161 MCGREGOR BLVD
UNIT B
FT. MYERS FL 33901
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1988

4. FEI Number

65-0021668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DUNN, CABOT L. JR.
5117 ATLANTIC CT.
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE
NAME **PST**
STREET ADDRESS **DUNN, CABOT L JR.**
CITY-ST-ZIP **1837 SUNSET PL
FT. MYERS FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **MICHAEL T. DUNN**
CITY-ST-ZIP **863 DUQUESNE
FT. MYERS FL**

TITLE ☐ DELETE
NAME **Annexed to the Board**
STREET ADDRESS **Boysen & Co.**
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Chairman of the Board**
1.3 STREET ADDRESS **Cabot L. Dunn Sr.**
1.4 CITY-ST-ZIP **1431 Mananilla Ave.
Ft. Myers, FL 33901**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **President, Secretary, Treasurer**
2.3 STREET ADDRESS **Cabot L. Dunn Jr.**
2.4 CITY-ST-ZIP **1223 Twin Palm Drive
Ft. Myers FL 33919**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Vice President**
3.3 STREET ADDRESS **Michael T. Dunn**
3.4 CITY-ST-ZIP **1480 Mananilla Ave.
Ft. Myers, FL 33901**

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cabot L. Dunn Jr. President Cabot L. P

1-5-98 941-333-4371

Date Daytime Phone #

CR2E034 (11/98)