FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K59974** **(1)**

1. Corporation Name
MID-FLORIDA HOTELS, INC.

Principal Place of Business	Mailing Address
2502 ROCKY POINT RD., SUITE 890 TAMPA FL 33607	2502 ROCKY POINT RD., SUITE 890 TAMPA FL 33607

3. Date Incorporated or Qualified: **01/23/1989**
3a. Date of Last Report: **07/25/1995**

4. FEI Number: **59-2931760** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3802 Dr. Martin	26 3802 Dr. Martin
Suite, Apt. #, etc 22 Luther King Blvd	Suite, Apt. #, etc 27 Luther King Blvd
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33614 / 25 Pasco	Zip / Country 29 33614 / 30 Pasco

9. Name and Address of Current Registered Agent

TATE, MARK T
501 EAST KENNEDY BOULEVARD
STE - 1700
TAMPA FL 33602

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD STEINBRENNER, GEORGE M III 2502 ROCKY POINT ROAD / STE - 809 TAMPA FL	☐ DELETE	1.1 TITL / 1.2 NAM / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	☒ Change ☐ Addition	3802 Dr. Martin Luther King Blvd Tampa, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEIMLE, DON 2502 ROCKY POINT ROAD / STE - 890 TAMPA FL	☐ DELETE	2.1 TITL / 2.2 NAM / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP	☒ Change ☐ Addition	3802 Dr. Martin Luther King Blvd Tampa, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEINBRENNER, HENRY G 2502 ROCKY POINT ROAD / STE - 890 TAMPA FL	☐ DELETE	3.1 TITL / 3.2 NAM / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP	☒ Change ☐ Addition	3802 Dr. Martin Luther King Blvd Tampa, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STEINBRENNER, HAROLD Z 2502 ROCKY POINT ROAD, SUITE 890 TAMPA FL	☐ DELETE	4.1 TITL / 4.2 NAM / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP	☒ Change ☐ Addition	3802 Dr. Martin Luther King Blvd Tampa, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINBRENNER, JOAN Z 2502 ROCKY POINT ROAD, SUITE 890 TAMPA FL	☐ DELETE	5.1 TITL / 5.2 NAM / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP	☒ Change ☐ Addition	3802 Dr. Martin Luther King Blvd Tampa, Fl 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWINDAL, JENNIFER S 2502 ROCKY POINT ROAD, SUITE 890 TAMPA FL	☐ DELETE	6.1 TITL / 6.2 NAM / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP	☒ Change ☐ Addition	3802 Dr. Martin Luther King Blvd Tampa, FL 33614

CR2E034 (12/95)

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)(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.

SIGNATURE: Don Steimle, Pres. 4-24-96 352-732-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #