FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
3802 DR MLK BLVD TAMPA FL 33614 US	3802 DR MARTIN LUTHER KING BLVD TAMPA FL 33614 US

3. Date Incorporated or Qualified: 01/23/1989
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business — 21: 3810 N.W. Blitchton Rd.
2a. Mailing Address — 26: 3810 N.W. Blitchton Rd.

22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.

23: City & State: Ocala, FL
28: City & State: Ocala, FL

24: Zip: 34482-4062 — 25: Country: USA
29: Zip: 34482-4062 — 30: Country: USA

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

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	STEINBRENNER, GEORGE M III		12 NAME		
STREET ADDRESS	3802 DR MLK BLVD		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	STEIMLE, DON		22 NAME		
STREET ADDRESS	3802 DR MLK BLVD		23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	STEINBRENNER, HENRY G		32 NAME		
STREET ADDRESS	3802 DR MLK BLVD		33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	STEINBRENNER, HAROLD Z		42 NAME		
STREET ADDRESS	3802 DR MLK BLVD		43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	STEINBRENNER, JOAN Z		52 NAME		
STREET ADDRESS	3802 DR MARTIN LUTHER KING BLVD		53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SWINDAL, JENNIFER S		62 NAME		
STREET ADDRESS	3802 DR MARTIN LUTHER KING BLVD		63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 an address.

SIGNATURE: [illegible] 5-1-97 352-732-3434