

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K59974 1. Entity Name MID-FLORIDA HOTELS, INC.	
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Principal Place of Business 3810 NW BLITCHTON RD OCALA, FL 34482-4062 US	Mailing Address 3810 NW BLITCHTON RD OCALA, FL 34482-4062 US
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2931760	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TATE, MARK T
418 WEST PLATT STREET
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEINBRENNER, GEORGE M III 3802 DR MLK BLVD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIMLE, DON 3802 DR MLK BLVD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEINBRENNER, HENRY G 3802 DR MLK BLVD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEINBRENNER, HAROLD Z 3802 DR MLK BLVD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBRENNER, JOAN Z 3802 DR MARTIN LUTHER KING BLVD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINDAL, JENNIFER S 3802 DR MARTIN LUTHER KING BLVD TAMPA, FL

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04/29/04-80065-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-04 352-7323/31