2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # K59974

1. Entity Name
MID-FLORIDA HOTELS, INC.

Principal Place of Business
3810 NW BLITCHTON RD
OCALA, FL 34482-4062 US

Mailing Address
3810 NW BLITCHTON RD
OCALA, FL 34482-4062 US

DO NOT WRITE IN THIS SPACE

04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2931760 | Applied For | Not Applicable

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

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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04/12/05-80018-017 150.00

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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)(i), 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: _____ DON STEIMLE 4-7-05 352 732 3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #