2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# K59974

Entity Name: MID-FLORIDA HOTELS, INC.

Current Principal Place of Business:

3810 NW BLITCHTON RD
OCALA, FL 344824062 34

New Principal Place of Business:

1900 SW 60TH AVENUE
OCALA, FL 34474 US

Current Mailing Address:

1900 SW 60 AVE
OCALA, FL 344824062 US

New Mailing Address:

1900 SW 60TH AVENUE
OCALA, FL 34474 US

FEI Number: 59-2931760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: STEINBRENNER, GEORGE M III
Address: 3802 DR MLK BLVD
City-St-Zip: TAMPA, FL 33614

Title: PD ( ) Delete
Name: STEIMLE, DON
Address: 3802 DR MLK BLVD
City-St-Zip: TAMPA, FL 33614

Title: VD ( ) Delete
Name: STEINBRENNER, HENRY G
Address: 3802 DR MLK BLVD
City-St-Zip: TAMPA, FL 33614

Title: STD ( ) Delete
Name: STEINBRENNER, HAROLD Z
Address: 3802 DR MLK BLVD
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: STEINBRENNER, JOAN Z
Address: 3802 DR MARTIN LUTHER KING BLVD
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: SWINDAL, JENNIFER S
Address: 3802 DR MARTIN LUTHER KING BLVD
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: STEINBRENNER, GEORGE M III
Address: 3802 DR MLK BLVD
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: STEINBRENNER, HENRY G
Address: 3802 DR MLK BLVD
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON STEIMLE PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date