

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 # L41570

(7)

1. Corporation Name

EAGLE NEST BOTEL, INC.



Principal Place of Business  
3340  
3324 SHELL POINT RD. W.  
RUSKIN FL 33570

Mailing Address  
3340  
3324 SHELL POINT RD. W.  
RUSKIN FL 33570

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/10/1990

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3008485

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

10. Name and Address of New Registered Agent

BAUMANN, HENRY F  
6425 LAKE SUNRISE DR  
APOLLO BEACH FL 33572

81 Name

William Jay

82 Street Address (P.O. Box Number is Not Acceptable)

3340-3324 Shell Point Rd. W.

83

84 City

Ruskin

FL

85 Zip Code

33570

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

*[Signature]*

*Owner*

NOTE: Registered Agent signature required when resigning.

4-28-96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARPENTER, MICHAEL  
STREET ADDRESS 3324 SHELL POINT RD. W.  
CITY-ST-ZIP RUSKIN FL

☒ DELETE

TITLE SD  
NAME BAUMANN, HENRY F.  
STREET ADDRESS 6425 LAKE SUNRISE DR.  
CITY-ST-ZIP APOLLO BCH FL

☒ DELETE

TITLE T  
NAME BAUMANN, DOLORES J.  
STREET ADDRESS 6425 LAKE SUNRISE DR.  
CITY-ST-ZIP APOLLO BCH FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME William Jay  
1.3 STREET ADDRESS 3324 Shell Point Rd. W.  
1.4 CITY-ST-ZIP Ruskin, FL 33570

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

813 645 1313

CR2E034 (12/95)