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May 08 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 # **L41570** (7)

1. Corporation Name
EAGLE NEST BOTEL, INC.

Principal Place of Business
**332; SHELL POINT RD. W.
RUSKIN FL 33570**

Mailing Address
**3324 SHELL POINT RD. W.
RUSKIN FL 33570-3028**



2. Principal Place of Business

21 **3340 Shell Point Rd W.**

Suite, Apt. #, etc.

22 **A**

City & State

23 **Ruskin FL**

Zip

24 **33570**

Country

25 **USA**

2a. Mailing Address

26 **3340 Shell Point Rd W**

Suite, Apt. #, etc.

27

City & State

28 **Ruskin FL**

Zip

29 **33570**

Country

30 **USA**

3. Date Incorporated or Qualified
01/10/1990

3a. Date of Last Report
05/01/1996

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

9. Name and Address of Current Registered Agent

**WILLIAM JAY
3340 SHELL POINT RD. W.
RUSKIN FL 33570**

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

William E. Jay **OWNER**

4-28-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WILLIAM JAY**
STREET ADDRESS **3324 SHELL POINT DR. W.**
CITY- ST- ZIP **RUSKIN FL**

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP ☐ Change ☐ Addition

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

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Treasurer**
4.3 STREET ADDRESS **Colette Jay**
4.4 CITY- ST- ZIP **3340 Shell Point Rd W**
Ruskin, Fla. 33570

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

6.1 TITLE ☐ Change ☐ Addition
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 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 as an attachment with an address.

SIGNATURE:

William E. Jay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97 813 6451313
Date Daytime Phone #

CR2E034 (9/96)