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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORA' IONS

1996

M67072 DOCUMENT #
1. Corporation Name

(2)

HOSPITALITY DEVELOPMENT & MANAGEMENT CORPORATION Principal Place of Business Mailing Address C/O PATRICK SHERRILL 1031 CAPE CORAL PARKWAY CAPE CORAL PARKWAY CAPE CORAL FL 33904 CAPE CORAL FL 33904										
CAPE COMAL PL 33904							3. Date Incorporated or Qualified 01/29/1988		ate of Last Re 05/01/199	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For 65-0424756 Not Applied					
2 1		26	Cuito Aut to oto				0070424700			Not Applicable
Suite, Apt. #,	, etc.	27	Suite, Apt. #. etc.				5. Certificate of Status Desired			Additional Required
Oty & State		City & State				6. Election Campaign Financing		\$5.00 May 6		
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country		Zιρ	Coun	Ľγ		8. This corporation has liability for i	intangible No 🔲	e tax under s	199.032,
24	25 9. Name and Address of Current	29 Begist	tered Agent	30			Florida Statutes Yes 10. Name and Address of New R		d Agent	
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SHERRIL	L, PATRICK			-	B2 S	Ctooot Adde	ess (P.O. Box Number is Not Acceptab			
	PE CORAL PARKWAY			1	، عو	Street Addr	ess (F.O. Elox Null floor) is Not Proceptate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CAPE CO)RAL FL 33904			[6	63					
				1	64 (City			85 Zip	o Code
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NAME STREET ADDRESS	SHERRILL, PATRICK 1031 CAPE CORAL PKWY. CAPTE CORAL FL ST SHERRILL, PATRICK		□ DELETE	1 1 TIF 1 2 MAN 1 3 STR 1 4 CIT	ME REFT AF N - ST LE		ADDITIONS/CHANGES TO OFF	ICERS A	☐ Change	Addition
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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 chapter 607, in attachment with an address

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR