FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAR 21 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P94000067002~~ (0)

1. Corporation Name
SOCIETY OF HOSTS, INC.

N95000000773

Principal Place of Business	Mailing Address
225 WILLIAM JOHNSTON BLDG FSU TALLAHASSEE FL 32306	225 WILLIAM JOHNSTON BLDG FSU TALLAHASSEE FL 32306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3295467
Applied For

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

PADGETT, TIMOTHY D
211 S GADSDEN STREET
TALLAHASSEE FL 32301

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
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SECRETARY/D	11 TITLE	☐ Change ☐ Addition DIRECTOR
NAME	Jeff Bell	12 NAME	Jim Riscigno
STREET ADDRESS	3 Piedmont Center, Suite 720	13 STREET ADDRESS	3001 Countryside Blvd.
CITY-ST-ZIP	Atlanta, GA 30305	14 CITY ST ZIP	Clearwater, Fl. 34621
TITLE	TREASURER/D	21 TITLE	☐ Change ☐ Addition DIRECTOR
NAME	JANE OHLIN	22 NAME	Ed Starros
STREET ADDRESS	225 William Johnson Bldg., FSU	23 STREET ADDRESS	Ritz Carlton Hotels 3414 Peachtree Rd, NE
CITY-ST-ZIP	Tallahassee, Fl. 32306	24 CITY ST ZIP	Atlanta, GA. 30326 Suite 800
TITLE	President/D	31 TITLE	☐ Change ☐ Addition DIRECTOR
NAME	Ken L. Creely, Jr.	32 NAME	Jim Steiner
STREET ADDRESS	2590 Pottsdamer St.	33 STREET ADDRESS	Abbott Realty Services, Inc. 606 Hwy 98 East
CITY-ST-ZIP	Tallahassee, Fl. 32310	34 CITY ST ZIP	Destin, FL. 32541
TITLE	V. President/D	41 TITLE	☐ Change ☐ Addition DIRECTOR
NAME	Chris Bordens c/o Atl. Ath. Club	42 NAME	Jay Towers
STREET ADDRESS	Bobby Jones Dr.	43 STREET ADDRESS	Chili's 550 Reo Street Suite 105
CITY-ST-ZIP	Duluth, GA 30136	44 CITY ST ZIP	Tampa, FL. 33609
TITLE	DIRECTOR	51 TITLE	☐ Change ☐ Addition DIRECTOR
NAME	Ted Mobley	52 NAME	Joe West
STREET ADDRESS	15303 Dallas Pkwy, Suite 610	53 STREET ADDRESS	225 William Johnston Bldg. FSU
CITY-ST-ZIP	Dallas, TX 75284	54 CITY ST ZIP	Tallahassee, FL. 32306
TITLE	DIRECTOR	61 TITLE	☐ Change ☐ Addition
NAME	Dennis Bement	62 NAME	
STREET ADDRESS	1105 Hotel Plaza Blvd.	63 STREET ADDRESS	
CITY-ST-ZIP	Lake Buena Vista, Fl. 32830	64 CITY ST ZIP	

3/23

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, Florida Statutes. I further certify that this information indicates the 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 added by this report.

SIGNATURE: Ken L. Creely, Jr. 3/15/95 904-574-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410106 FP