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 APR 21 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042257 (4)**

1. Corporation Name
THE EMERALD HILL INN, INC.

Principal Place of Business	Mailing Address
27751 LAKE JEM RD LAKE JEM FL 32745 US	27751 LAKE JEM RD MOUNT DORA FL 32757 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/10/1993**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **59-3195839** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DECKINGER, DIANE T
27751 LAKE JEM RD
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name: DIANE TOBY WISEMAN
82 Street Address (P.O. Box Number is Not Acceptable): 27751 LAKE JEM ROAD
83:
84 City: MOUNT DORA FL 85 Zip Code: 32757

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: Diane Toby Wiseman DIANE TOBY WISEMAN 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	PRES.	☒ Change ☐ Addition
NAME	DECKINGER, DIANE TOBY	12 NAME	WISEMAN, DIANE TOBY	
STREET ADDRESS	27751 LAKE JEM RD	13 STREET ADDRESS	27751 LAKE JEM ROAD	
CITY-ST-ZIP	MOUNT DORA FL	14 CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	WISEMAN, MICHAEL R	22 NAME		
STREET ADDRESS	27751 LAKE JEM RD	23 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Diane Toby Wiseman Diane ~~T~~ Deckinger TOBY WISEMAN 4/17/95 (904) 383-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048809 CF