FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 P93000072951 (5) DOCUMENT # IDLE HOUR INN INC. Principal Place of Business Mailing Address 2408 AVENUE G N.W. 2408 AVENUE G N.W. WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0430944 Suite. Apt. #. etc. Suite, Apt. #, etc 5. Certificate of Status Desired 22 27 City & State City & State 6, Election Campaign Financing Trust Fund Contribution 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JARVIS, GAIL C 2408 AVENUE G N.W. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33880

FILED Jun 18 1998 8:00am Secretary of State



5-20-98

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

83 84 City Zip Code 85 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, typed or preced same of a costered agent and this Lapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 11 TITLE Addition NAME JARVIS, GAIL C 1.2 NAME STREET ADDRESS 2408 AVE G N.W. 1.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 1.4 CITY - ST- 7IP Change DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-2IP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY-ST-ZIP DELE1E Change Addition TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 eath; 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 one in attachment with an address.