FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000083977 (7) MARIANNA LODGING, INC. Principal Place of Business Mailing Address 2086 HIGHWAY 71 SOUTH P.O. BOX 698 MARIANNA FL 32446 MARIANNA FL 32447 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1993 2. Principal Place of Business 2a. Mailing Address Applied For 65-0475885 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zıp Country Country 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name BREWTON, FLOYE E 4332 W. LAFAYETTE ST Street Address (P.O. Box Number is Not Acceptable) MARIANNA FL 32446 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** name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition ANDERSON, RICHARD 1.2 NAME NAME 2730 COUNTRY WOODS LANE 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34682 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELFTE Change Addition 2.1 TITLE TITLE **BREWTON, FLOYE E** 2.2 NAME NAME 4332 LAFAYETTE ST 2.3 STREET ADDRESS STREET ADDRESS MARIANNA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE LOGAN, KENNETH 32 NAME NAME 105 CHESTNUT 3.3 STREET ADDRESS STREET ADDRESS WARNER ROBINS GA 31088 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME

6 3 STREET ADDRESS

Mar 2,98

64 CITY-ST-ZIP

14. I 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 supplied that 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 of 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 over an attachment with a address.

STREET ADDRESS

SIGNATURE: -

CITY-ST-ZIP

FILED

(850)526-566L