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May 05 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000002586 (3)

1. Corporation Name

JPC HOTEL MANAGEMENT, INC.

Principal Place of Business

C/O CRAIG B. WARD
105 E. ROBINSON STREET, SUITE 501
ORLANDO FL 32801

Mailing Address

~~C/O CRAIG B. WARD
105 E. ROBINSON STREET, SUITE 501
ORLANDO FL 32801-2020~~



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P.O. Box 22193

27 Suite, Apt. #, etc.

28 City & State

Lake Buena Vista, FL

29 Zip

32830

Country

30 Orange

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

08/27/1996

4. FEI Number

59-3222407

Applied For

Not Applicable

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

WARD, CRAIG B ESO
105 E. ROBINSON STREET
SUITE 501
ORLANDO FL 32801

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KODELL, JACK E

STREET ADDRESS ~~105 E. ROBINSON STREET, SUITE 501~~

CITY-ST-ZIP ~~ORLANDO FL 32801~~

TITLE VD ☐ DELETE

NAME DICE, CLAYNE W

STREET ADDRESS ~~105 E. ROBINSON STREET, SUITE 501~~

CITY-ST-ZIP ~~ORLANDO FL 32801~~

TITLE STD ☐ DELETE

NAME SHERRARD, P H

STREET ADDRESS ~~105 E. ROBINSON STREET, SUITE 501~~

CITY-ST-ZIP ~~ORLANDO FL 32801~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

14542 Mandolin Drive
Orlando, Florida 32837

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

159 Bismark Court
Ocoee, Florida 34761

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

9278 Gotha Road
Windermere, Florida 34786

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

Mayne W. Dice

Mayne W. Dice

407-397-9393

CR2E034 (9/96)