

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90031 030 ***150.00

DOCUMENT # P95000018358

1. Corporation Name
LODGESOUTH, INC.



Principal Place of Business

127 S. ALCANIZ
SUITE 8
PENSACOLA FL 32501
US

Mailing Address

127 S. ALCANIZ
SUITE 8
PENSACOLA FL 32501
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1995

4. FEI Number

59-3308834

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 205 E. Intendencia

2a. Mailing Address

22 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pensacola, FL

City & State

24 same

Zip

24 32501

Country

25 USA

Zip

29 same

Country

30

9. Name and Address of Current Registered Agent

MCALPIN, RICHARD R
427 S. ALCANIZ - 205 E. Intendencia
SUITE 8
PENSACOLA FL 32501

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

1/5/99

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE
NAME MCALPIN, RICHARD R
STREET ADDRESS 127 S. ALCANIZ
CITY-ST-ZIP PENSACOLA FL

TITLE ~~DPST~~ ☐ DELETE
NAME ~~MCALPIN, RICHARD R~~
STREET ADDRESS ~~127 S. ALCANIZ~~
CITY-ST-ZIP ~~PENSACOLA FL~~

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NAME ~~MCALPIN, RICHARD R~~
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NAME ~~MCALPIN, RICHARD R~~
STREET ADDRESS ~~127 S. ALCANIZ~~
CITY-ST-ZIP ~~PENSACOLA FL~~

TITLE ~~DPST~~ ☐ DELETE
NAME ~~MCALPIN, RICHARD R~~
STREET ADDRESS ~~127 S. ALCANIZ~~
CITY-ST-ZIP ~~PENSACOLA FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 205 E. Intendencia
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS ~~205 E. Intendencia~~
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME ~~MCALPIN, RICHARD R~~
3.3 STREET ADDRESS ~~127 S. ALCANIZ~~
3.4 CITY-ST-ZIP ~~PENSACOLA FL 32501~~

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 (850) 432-1090

CR2E034 (11/98)