

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089990 (2)

1. Corporation Name
C&S HOSPITALITY, INC.



Principal Place of Business
2511 HWY 27 S
AVON PARK FL 33825

Mailing Address
P O BOX 456
AVON PARK FL 33825

3. Date Incorporated or Qualified 11/21/1995	3a. Date of Last Report
4. FEI Number 65-0625931	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MACBETH, J. ROSS
2543 US 27 S
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name
Raymond Shibles
82 Street Address (P.O. Box Number is Not Acceptable)
9693 Campbell Cir. Naples, FL
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 *Raymond Shibles* DATE May 1, 1996

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	James E. Coppinger	
STREET ADDRESS	Box 7053	
CITY-ST-ZIP	Avon Park, FL 33825 (N/A)	
TITLE	Vice President	☐ DELETE
NAME	Nancy Coppinger	
STREET ADDRESS	Box 7053	
CITY-ST-ZIP	Avon Park, FL 33825 (N/A)	
TITLE	Secretary	☐ DELETE
NAME	Raymond Shibles	
STREET ADDRESS	9693 Campbell Circle	
CITY-ST-ZIP	Naples, FL	
TITLE	Treasurer	☐ DELETE
NAME	Carolyn Shibles	
STREET ADDRESS	9693 Campbell Circle	
CITY-ST-ZIP	Naples, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	☐ Change ☐ Addition
3. NAME	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. NAME	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. NAME	☐ Change ☐ Addition
12. NAME	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. NAME	☐ Change ☐ Addition
15. NAME	☐ Change ☐ Addition
16. NAME	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. NAME	☐ Change ☐ Addition
19. NAME	☐ Change ☐ Addition
20. NAME	☐ Change ☐ Addition

cc 5/1/96

Bank deposit \$200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Raymond Shibles* DATE: May 1, 1996

CR2E034 (12/95)