


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

FILED

Apr 11 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 # 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 33826-0456		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1995	
21		26		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0625931	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SHIBLES, RAYMOND 9693 CAMPBELL CIRCLE NAPLES FL			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		P		1.1 TITLE	
NAME		COPPINGER, JAMES E		1.2 NAME	
STREET ADDRESS		BOX 7053 (N A)		1.3 STREET ADDRESS	
CITY - ST - ZIP		AVON PARK FL 33825		1.4 CITY - ST - ZIP	
TITLE		V		2.1 TITLE	
NAME		COPPINGER, NANCY E		2.2 NAME	
STREET ADDRESS		BOX 7053 (N A)		2.3 STREET ADDRESS	
CITY - ST - ZIP		AVON PARK FL 33825		2.4 CITY - ST - ZIP	
TITLE		S		3.1 TITLE	
NAME		SHIBLES, RAYMOND		3.2 NAME	
STREET ADDRESS		9693 CAMPBELL CIRCLE		3.3 STREET ADDRESS	
CITY - ST - ZIP		NAPLES FL		3.4 CITY - ST - ZIP	
TITLE		Y		4.1 TITLE	
NAME		SHIBLES, CAROLYN		4.2 NAME	
STREET ADDRESS		9693 CAMPBELL CIRCLE		4.3 STREET ADDRESS	
CITY - ST - ZIP		NAPLES FL		4.4 CITY - ST - ZIP	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				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: _____ DATE: 4/7/97 DAYTIME PHONE: 941-566-1647					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)