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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012654 (5)

STONE CREEK LODGE, INC.

FILED

98 APR 1 AM 6: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address					1 100 200 110 - 201 2011 2011 2011 2011 1101 1101 2011 2011 2011 2011 2011 2011		
201 NO: Franklin Street Ste 2505 Tampa Fl 33601		201 no. Franklin stf Tampa fl 33601	201 NO. FRANKLIN STREET STE 2505 TAMPA FL 33601			00 107 115775 11 7 119 00 05	
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address	 		- 	02/06/1996 4. FEI Number Applied For	
21	1800 Of Business	26				7.755.00.101	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				00 7E	
22		27				5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	ntry		This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
PREVATT, KAREN J ESQ.				81	Name		
	NO. FRANKLIN STREET STE	2505	ŀ	82	Street Ado	dress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33601			Ĺ				
			ľ	83			
			-	84	City	85 Zip Code	
					,	 	
11. Pursuant	to the provisions of Sections 607.05	002 and 607.1508, Florida State	utes, the ab	ove	-named cor	rporation submits this statement for the purpose of chariging its registered ation's board of directors. I hereby accept the appointment as registered	
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, I	Florida Statu	лes.	,	ation's board of diffectors. Thereby accept the appointment as registered	
SIGNATURE	_						
	Signature typed or printed name of registered a			Ager	ıl signature requ	uired when reinstaling) DATE.	
12.	T =	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	D ALABED ATERUEN D	□ DELETE	1.1 111			0 ===	
NAME	KASPER, STEPHEN D		1.2 NAI			7000024783972 -04/03/9801080005	
STREET ADDRESS	8906 BERMUDA LANE				ADDRESS	-04/03/9801080005	
CITY-ST-ZIP TITLE	PORT RICHEY FL 34668	DELETE	1.4 CIT		· ZIP	****150,00 ****150,00 Cl Change D Addition	
NAME			1		}	Change C Adoldan	
			2.2 NA				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	DELETE 3.1 TITLE		· 7IP	Change Addition	
NAME		C Dittil	3.2 NAME			C Offinge C Addition	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					Í		
TITLE		DELETE	3.4. CH 4.1 THT		1-ZIP	Change Addition	
NAME			4. 2 NA		1	charge house	
			1		Anthotoc		
STREET ADDRESS	1		4.3 SIN		ADDRESS		
CITY - ST - ZIP TITLE		☐ DELETE	5.1 THT			☐ Change ☐ Addition	
NAME		<u> </u>	5.2 NAM				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 CIT		1		
TITLE		DELETE	6 1 TITE			☐ Change ☐ Addition	
NAME		<u> </u>	62 NA				
STREET ADDRESS					ADDRESS	(11)	
CITY-ST-ZIP			6.4 CIT			[11]	
	oorlike that the information currelled	with the filing door not qualify				n Section 119 07/3Vi). Florida Statutos, I further certiv that the information	

4. Thereby certify that the information supplied with the filling 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 aritical 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 trusted empowered to obscute 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 acceptance with an address.

Man Man 2/ 1/21 2