

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**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90016 014 \*\*\*150.00

DOCUMENT # P96000020912

1. Corporation Name  
SOUTHERN HORSEPITALITY CORP.



Principal Place of Business

Mailing Address

5410 PARK RD  
#2  
FT MYERS FL 33908  
US

5410 PARK RD  
#2  
FT MYERS FL 33908  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

65-0657699

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

2a. Mailing Address

21 13751 ORANGE RIVER BLVD.  
Suite, Apt. #, etc.

26 13751 ORANGE RIVER BLVD.  
Suite, Apt. #, etc.

22 City & State  
23 FT. MYERS, FL

27 City & State  
28 FT. MYERS, FL

24 Zip Country  
33905 US

29 Zip Country  
33905 US

9. Name and Address of Current Registered Agent

GOEDECKE, DENNIS  
15248 US 41 S SUITE 900-10  
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13751 ORANGE RIVER BLVD.

83

84 City

FT. MYERS

FL

85 Zip Code

33905

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

*Dennis Goedecke* DENNIS GOEDECKE

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

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DV  
NAME CLARK, CAROL M  
STREET ADDRESS 5410 PARK RD, #2  
CITY-ST-ZIP FT MYERS FL 33908

TITLE DPST  
NAME GOEDECKE, DENNIS  
STREET ADDRESS 5410 PARK RD #2  
CITY-ST-ZIP FT MYERS FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 13751 ORANGE RIVER BLVD.  
1.4 CITY-ST-ZIP FT. MYERS, FL 33905

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 13751 ORANGE RIVER BLVD.  
2.4 CITY-ST-ZIP FT. MYERS, FL 33905

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: *Dennis Goedecke* DENNIS GOEDECKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

DATE

(941)698-6663

Daytime Phone #

CR2E034 (11/98)