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Mar 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 # P96000021631 (2)

1. Corporation Name
TERRACE HOTEL CORPORATION

Principal Place of Business
1701 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

Mailing Address
P.O. BOX 1028
LAKELAND FL 33802-1028



3. Date Incorporated or Qualified
03/08/1996

3a. Date of Last Report

2. Principal Place of Business
21 100 East Main Street

2a. Mailing Address
26 100 East Main Street

4. FEI Number
74-2781058

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Lakeland, FL

City & State
28 Lakeland, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 33801

Country

Zip
29 33801

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, PHILIP O
1701 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director and Secretary ☒ DELETE
NAME ALLEN, PHILIP O
STREET ADDRESS 1701 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33803

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Josef C. Hermans
1.3 STREET ADDRESS 2123 Peckham
1.4 CITY-ST-ZIP Houston, TX 77019

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Robert W. Scharar
2.3 STREET ADDRESS 1202 Briarbrook
2.4 CITY-ST-ZIP Houston, TX 77042

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Vice President ☐ Change ☒ Addition
3.2 NAME Randall D. Keith
3.3 STREET ADDRESS 1050 Cheshire
3.4 CITY-ST-ZIP Houston, TX 77057

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Treasurer ☐ Change ☒ Addition
4.2 NAME Robert P. Messer, Jr.
4.3 STREET ADDRESS 1910 Mission Springs
4.4 CITY-ST-ZIP Katy, TX 77450

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Director and Secretary ☐ Change ☒ Addition
5.2 NAME Philip O. Allen
5.3 STREET ADDRESS 100 East Main Street
5.4 CITY-ST-ZIP Lakeland, FL 33801

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert W. Scharar ROBERT W SCHARAR 3/6/97

CR2E034 (9/96)