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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90043 030 ***150.00

04/29/022

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000021631

1. Corporation Name

TERRACE HOTEL CORPORATION



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 100 E MAIN STREET LAKELAND FL 33801 US | 100 E MAIN STREET LAKELAND FL 33801 US |

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/08/1996

4. FEI Number

74-2781058

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

9. Name and Address of Current Registered Agent

ALLEN, PHILIP O
1701 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

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

| | | |
|----------------|---------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | HERMANS, JOSEF C | |
| STREET ADDRESS | 2123 PECKHAM | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCHARAR, ROBERT W | |
| STREET ADDRESS | 1202 BRIARBROOK | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | KEITH, RANDALL D | |
| STREET ADDRESS | 1050 CHESHIRE | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MESSER JR, ROBERT P | |
| STREET ADDRESS | 1910 MISSION SPRGS | |
| CITY-ST-ZIP | KATY TX | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | ALLEN, PHILIP O | |
| STREET ADDRESS | 100 E MAIN STREET | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------|--|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Hermans, Josef C. | |
| 1.3 STREET ADDRESS | 2123 Peckham | |
| 1.4 CITY-ST-ZIP | Houston, TX | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)