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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96 0000 292 80

JUNGISE MOTEL OF TREASURE ISLAND, INC.

Principal Place of Business

FILED

99 OCT -4 AMII: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address 9630GULF BLVD. TREASURE ISLAND, FL 33706 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-337149 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Zip Country Country 8. This corporation owes the current year Intangible 25 29 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAUTO C. HASTINGS 19941 GULF BLUD, #E Street Address (P.O. Box Number is Not Acceptable) 82 <u>-10/07/99--01094--011</u> TNDIAN CHORES, FL 33785 83 *****61.25 |85| Zip Code *****61.25-84 City 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TRESIDENT DELETE Addition 1.1 TITLE PRESIDENT Change THE LESLIE L. LADNER TERRY L. SPARKS 9680 GULF BLVD. NAME 1.2 NAME 2832 UTICA AVE. 1.3 STREET ADDRESS STREET ADORES: TACKSON, MS. 39209 TREASURE ISLAND, FL 33706 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE ☐ Change THILE 22 NAME NAM 23 STREET ADDRESS STREET ADDRESS CHY-ST-Z# 2 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ☐ Addition THUE NAME 3.2 NAME 3.3 STREET ADDRESS STREE LADORESS 3.4. City-ST-ZiP CITY-ST-ZIF ☐ DELETE □ Change F ☐ Addition 100E4.1 DILE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ■ Addition THE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 61 TITLE ☐ Change ☐ Addition 62 NAME

6.4 CITY-ST-ZIP CHTY-ST-ZIF 1. 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.

6.3 STREET ADDRESS

SIGNATURE:

STHEFT ADDIRESS

LO TERRY L. SPARKS

CR2E034