APR-30-97 15:08 FROM:HOLIDAY INN 813-573-5022 T

FILED
May 06 1997 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032553

1. Corporation Name
WHITEWATER HOTEL PARTNERS, INC.

Principal Place of Business
8029 124th Terr. N.
LARGO, FL. 33773

Mailing Address
P.O. BOX 172841
TAMPA, FL. 33672

3. Date Incorporated or Qualified: 4/10/96

3a. Date of Last Report

4. FEI Number: 59-3374142 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent
RICHARD MALLAR
8029 124th TERR. N.
LARGO, FL. 33773

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] Pres DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[redacted] ID / Secy treas / ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHARD MALLAR	1.2 NAME	
STREET ADDRESS	8029 124th Terrace N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL. 34643	1.4 CITY-ST-ZIP	
TITLE	~~sec/treas~~ ID. President / Director ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAUL DESCH	2.2 NAME	
STREET ADDRESS	328 S MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUTLAND, VT 05701	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	AW 5-6-97
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	000002178710
STREET ADDRESS		6.3 STREET ADDRESS	-05/14/97--01102--019
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

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] Pres. 4/29/97 802-775-4303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.05