PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006280

1. Corporation Name

THE LARK INN, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90032 010 ***150.00



Principal Plac	e of Business	Mailing Address				
	KELAND HIGHWAY	POST OFFICE BOX 1474				
DADE CITY FL	33525	DADE CITY FL 33526-1474		DO NOT WRITE IN TH	HIC CDACE	
				3. Date Incorporated or Qualifed	113 SFACE	- -
				01/21/1997		•
2 Principal D	Mace of Business Aue.	2a, Mailing Address		4. FEI Number		Applied For
2. Principal P	Hace of Business +38 Meridian	26 POST Office	Bx 1474	1	⊢	lot Applicable
Suite, Apt.		Suite, Apt. #, ets.	. 178 ((1			Additional
22	4 , 610.	27		5. Certificate of Status Desired	•	Required
City & Stat	le .	_City & State ,		6. Election Campaign Financing	\$5.00	May Be
23 DA-d	. a.i ==	28 DAde Ci	ł v	Trust Fund Contribution	•	to Fees
Zip	Country	Zip 33526	Country	8. This corporation owes the current year	Intangible	$\overline{}$
<u>~</u>] 335	25 PASCO	29 4 1474 30	o PASCO	Personal Property Tax.	Yes	
, , , , ,	9. Name and Address of Current			10. Name and Address of New Register	ed Agent	*
			81 Name			
	KIN, GORDON R		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	38 MERIDIAN AVENUE		July Street Add	1000 (1.0. DOX (Milliber to Mot Acceptable)		
DAD	E CITY FL 33525		83			
			24 27		05 70	Code
			84 City	F	-L 85 Zip	Code
SIGNATURE	Signature lyped or printed name of registered agent		egistered Agent signature requi			ODS IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	LARKIN, GORDON R	□ beccic	1.2 NAME			_
NAME	DOOT OFFICE BOY 4474		1.3 STREET ADDRESS			
STREET ADDRESS	DADE CITY FL 33526-1474		■			
CITY-ST-ZIP	D DADE 0111 1E 30320 1414	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition
TITLE	LARKIN, JOSEPHINE LEE	_ beccie	2.2 NAME	•		
NAME	DOOT OFFICE DOV 4474		1			
STREET ADDRESS	DADE CITY FL 33526-1474		2.3 STREET ADDRESS			
CITY-ST-ZIP	DADE CIT FE 33320-14/4	☐ DELETE	2.4 CITY-ST-ZIP		Change	Addition
TILLE		□ 0ccc.c	3.2 NAME		<u></u>	_
NAME			3.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
NAME			4.2 NAME	·		_
			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	a Addition
NAME		<u> </u>	5.2 NAME			_
STREET ADDRESS			5.3 STREET ADDRESS			
)		5.4 CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	61 TITLE		☐ Change	■ Addition
			6.2 NAME	•		_
NAME STREET ADORESS			6.3 STREET ADDRESS			
STREET ADDRESS	Ì					

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: