


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 26 1998 8:00am  
Secretary of State

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998   |  |  |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| DOCUMENT # P97000027376 (7)<br>1. Corporation Name<br>STEINHATCHEE RIVER INN, INC.  |  |   |   |   |  |
| Principal Place of Business<br>POST OFFICE BOX 828<br>STEINHATCHEE FL 32359   |  |   | Mailing Address<br>POST OFFICE BOX 828<br>STEINHATCHEE FL 32359 |   |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br>03/17/1997   |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |   | 4. FEI Number<br>59-3450802   |  |
| 22 City & State   |  | 27 City & State   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 23 Zip  |  | 28 Zip  |   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 24 Country  |  | 29 Country  |   | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>FOWLER, LORETTA<br>1100 RIVERSIDE DRIVE HIGHWAY 51 NORTH<br>STEINHATCHEE FL 32359  |  |   |   | 10. Name and Address of New Registered Agent  |  |
|   |  |   |   | 81 Name   |  |
|   |  |   |   | 82 Street Address (P.O. Box Number is Not Acceptable)<br>1111 Riverside Drive   |  |
|   |  |   |   | 83  |  |
|   |  |   |   | 84 City   |  |
|   |  |   |   | 85 Zip Code<br>FL   |  |
| 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<br>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   |  |   |   |   |  |
| 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |   |  |
| 1.2 NAME  |  |   |   |   |  |
| 1.3 STREET ADDRESS  |  |   |   |   |  |
| 1.4 CITY-ST-ZIP   |  |   |   |   |  |
| 2.1 TITLE <input checked="" 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   |  |   |   |   |  |
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| 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   |  |   |   |   |  |
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| 6.2 NAME  |  |   |   |   |  |
| 6.3 STREET ADDRESS  |  |   |   |   |  |
| 6.4 CITY-ST-ZIP   |  |   |   |   |  |

SIGNATURE:

*Loretta Fowler*

1-15-98

352-498-4049

CR2E034 (1097)