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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027376 (7)

STEINHATCHEE RIVER INN, INC.

Principal Place of Business Mailing Address POST OFFICE BOX 828 POST OFFICE BOX 828 STEINHATCHEE FL 32359 STEINHATCHEE FL 32359 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3450802 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. **₹** Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FOWLER, LORETTA 81 Name 1100 RIVERSIDE DRIVE HIGHWAY 51 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) STEINHATCHEE FL 32359 83 84 City 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 DATE (NOTE, Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE Change ___ Addition FOWLER, LORETTA 1.2 NAME POST OFFICE BOX 838 STREET ADDRESS 1.3 STREET ADDRESS 1111 Riverside Drive, Highway 51 North STEINHATCHEE FL 32359 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE __ Change ___ Addition FOWLER, LORETTA NAME 2.2 NAME POST OFFICE BOX 838 1111 Riverside Drive, Highway 51 North STREET ADDRESS 2.3 STREET ADDRESS STEINHATCHEE FL 32359 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

Lietta FD HAMILEN

DELETE

DELETE

1-15-98

352-498-4049

Change

Change

Addition

Addition

FILED

Jan 26 1998 8:00am

Secretary of State

CR2E034 (10/97)