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FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000043557 (2)

1. Corporation Name

MOUNTAINVIEW LODGING, INCORPORATED

Principal Place of Business

1724 NE 2ND STREET  
GAINESVILLE FL 32609

Mailing Address

1724 NE 2ND STREET  
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

59-3474814

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4300 NW 23rd Ave, Ste 520

Suite, Apt., etc.

22 Ste 520

City & State

23 Gainesville

Zip

24 32606

Country

25

2a. Mailing Address

26 4300 NW 23rd Ave

Suite, Apt., etc.

27 Ste 520

City & State

28 Gainesville

Zip

29 32605

Country

30

9. Name and Address of Current Registered Agent

MURPHY, LORRAINE B  
1724 NE 2ND STREET  
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

4300 NW 23rd Ave, Ste 520

83

84 City

Gainesville

FL

85 Zip Code

32605

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, in 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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/98

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MASSEY, MICHAEL  
1724 NE 2ND STREET  
GAINESVILLE FL 32609

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MURPHY, LORRAINE  
5307 NW 91 BLVD.  
GAINESVILLE FL 32653

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

THOMPSON, PETER  
110 SKI HILL ROAD  
BRECKENRIDGE CO 80424

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4300 NW 23rd Ave, Ste 520  
Gainesville, FL 32605

Change ☒ Addition ☐

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change ☐ Addition ☐

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change ☐ Addition ☐

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change ☐ Addition ☐

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☐ Addition ☐

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.

SIGNATURE:

Signature

3/11/98

CR2E034 (10/97)