

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90238 014 \*\*\*150.00

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1. Corporation Name

MID-STATE HOTEL CORPORATION

Principal Place of Business

5510 US HWY 27 NORTH  
DAVENPORT FL 33837

Mailing Address

5510 US HWY 27 NORTH  
DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1997

4. FEI Number

59-3462637

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HATCHER, STEPHEN B  
315 E ROBINSON STREET  
SUITE 600  
ORLANDO FL 32801

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, 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

TITLE D ☐ DELETE

NAME WILLIAMS, DAVID JR  
STREET ADDRESS 5510 US HWY 27 NORTH  
CITY-ST-ZIP DAVENPORT FL 33837

1.1 TITLE D,C ☒ Change ☐ Addition

1.2 NAME WILLIAMS, DAVID JR.  
1.3 STREET ADDRESS 5510 U.S. HWY. 27 NORTH  
1.4 CITY-ST-ZIP DAVENPORT, FL 33837

TITLE D ☐ DELETE

NAME WILLIAMS, NANCY  
STREET ADDRESS 5510 US HWY 27 NORTH  
CITY-ST-ZIP DAVENPORT FL 33837

2.1 TITLE D,P ☒ Change ☐ Addition

2.2 NAME WILLIAMS, NANCY  
2.3 STREET ADDRESS 5510 U.S. HWY. 27 NORTH  
2.4 CITY-ST-ZIP DAVENPORT, FL 33837

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE D,V ☐ Change ☒ Addition

3.2 NAME ASHCROFT, MIKKI  
3.3 STREET ADDRESS 5510 U.S. HWY. 27 NORTH  
3.4 CITY-ST-ZIP DAVENPORT, FL 33837

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 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, with all other like empowered.

SIGNATURE:

*David Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

941-424-7493

Daytime Phone #

CR2E034 (11/98)