

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

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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000051587

1. Corporation Name

SANDPIPER HOTEL & LODGING CORPORATION



Principal Place of Business

Mailing Address

~~3807 SOUTH ATLANTIC AVE. SUITE 204~~
DAYTONA BEACH SHORES FL 32127

~~3807 SOUTH ATLANTIC AVE. SUITE 204~~
DAYTONA BEACH SHORES FL 32127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **3811 S. Atlantic Ave**
Suite, Apt. #, etc.

26 **3811 S. Atlantic Ave**
Suite, Apt. #, etc.

22 **Daytona Bch Shores, FL**
City & State

27 **Daytona Beach Shores, FL**
City & State

23 **32127 US**
Zip Country

28 **32127 US**
Zip Country

24 **25**

29 **30**

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

59-3452875

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

9. Name and Address of Current Registered Agent

WEINSTEIN, PETER D
1805 GLENGARY ST, SUITE A
SARASOTA FL 34231

10. Name and Address of New Registered Agent

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature] (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PVD**
NAME **STRADER, JAMES C JR**
STREET ADDRESS **3807 SOUTH ATLANTIC AVE, SUITE 204**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32127**

TITLE **STD**
NAME **STRADER, MELISSA**
STREET ADDRESS **3807 SOUTH ATLANTIC AVE, SUITE 204**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32127**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

904-262-3780

Date Daytime Phone #

CR2E034 (11/98)