

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90213 017 ***150.00

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DOCUMENT # P97000071067

1. Corporation Name

MINCH HOSPITALITY CORPORATION

Principal Place of Business

4101 SW 38TH AVE
OCALA FL 34474
US

Mailing Address

3802 W DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1997

4. FEI Number

59-3464481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 3810 NW Blitchton Road
Suite, Apt. #, etc.

27 City & State

28 Ocala, FL

29 Zip

34482

Country

30 Marion

9. Name and Address of Current Registered Agent

TATE, MARK T
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

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 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

TITLE CD
NAME STEINBRENNER, HARLD Z
STREET ADDRESS 3802 DR MLK BLVD LEGENDS FIELD
CITY-ST-ZIP TAMPA FL 33614

TITLE P
NAME SWINDAL, STEPHEN W
STREET ADDRESS 3802 DR MLK BLVD LEGENDS FIELD
CITY-ST-ZIP TAMPA FL 33614

TITLE VPD
NAME STEINBRENNER, HENRY G
STREET ADDRESS 3802 DR MLK BLVD LEGENDS FIELD
CITY-ST-ZIP TAMPA FL 33614

TITLE VPSD
NAME STEIMLE, DONALD A
STREET ADDRESS 3810 NW BLITCHTON RD
CITY-ST-ZIP OCALA FL 34482

TITLE D
NAME MOLLOY, JESSICA A
STREET ADDRESS 3802 DR MLK BLVD LEGENDS FIELD
CITY-ST-ZIP TAMPA FL 33614

TITLE D
NAME SWINDAL, JENNIFER S
STREET ADDRESS 3802 DR MLK BLVD LEGENDS FIELD
CITY-ST-ZIP TAMPA FL 33614

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

Date

Daytime Phone #

4-8-99 352 732 3131

CR2E034 (11/98)