

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

99 DEC 27 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000091092

1. Corporation Name

HOSPITALITY SOUTH CORP.

Principal Place of Business

Mailing Address

511 10th ST SW
JASPER, FL 32052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-23-1997

2. Principal Place of Business

2a. Mailing Address

21 511 10th ST SW

26

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23 City & State

28

City & State

24 32052

Country

29

Country

25 USA

30

Country

4. FEI Number

59-3475659

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

10. Name and Address of New Registered Agent

JOHN H. OEHLERT
511 10th ST SW
JASPER, FL 32052

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 PRES. ☐ DELETE

NAME JOHN H OEHLERT

STREET ADDRESS 511 10th ST SW

CITY-ST-ZIP JASPER, FL 32052

TITLE VP ☐ DELETE

NAME CHIP SLATTERY

STREET ADDRESS 1 ROYAL DR

CITY-ST-ZIP METHUEN, MA

TITLE DIR. ☐ DELETE

NAME MARGARET PERRY

STREET ADDRESS 5978 BUTON WILLOW LN

CITY-ST-ZIP TALL, FL 32301

TITLE SEC-TRES ☐ DELETE

NAME PAM NAPLES

STREET ADDRESS 501 BLAIRSTONE-3321

CITY-ST-ZIP TALL, FL 32301

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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

☐ Change ☐

300003088273--9

-01/05/00--01009--006

****150.00 ****150.00

☐ Change ☐

☐ Change ☐

☐ Change ☐

☐ Change ☐

SP

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.

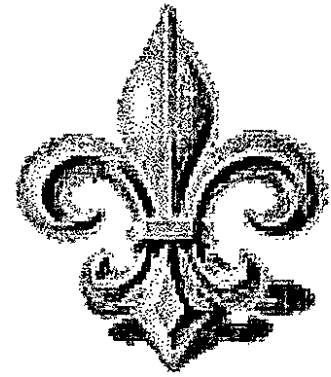
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/21/99



Hospitality South Corporation

511 Tenth Street SW
Jasper, Florida 32052
(904) 792-1390
www.hospitalitysouth.com

December 22, 1999

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Att: Leslie Sellers

Dear Ms. Sellers:

As per your request in the attached letter dated December 20, 1999, I am enclosing my check for \$150.00 and my revised annual report for 1999.

I have been hospitalized and never received the notices pertaining to the filing of my annual report.

If you need anything further, please feel free to call upon me at any time. Thank you for your assistance in this matter you have been most helpful.

Respectfully,
HOSPITALITY SOUTH CORPORATION,

A handwritten signature in black ink, appearing to read "John H. Oehlert". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

John H. Oehlert, CPFM
President

JHO/kd
Enclosures (3)