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

PROFIT CORPORATION **ANNUAL REPORT** 1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 09 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P97000091959 (1)

TRIPART ACCOMODATIONS, INC. Principal Place of Business Mailing Address 400 EAST GOVERNMENT STREET 400 EAST GOVERNMENT STREET PENSACOLA FL 32501 PENSACOLA FL 32501 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ESTESS. GEORGE W** 400 EAST GOVERNMENT STREET 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City Zin Code 85 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) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE ☐ Addition TITLE 1.1 TITLE Change KERRIGAN, ROBERT G 1.2 NAME 400 EAST GOVERNMENT STREET STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition **ESTESS. GEORGE W** 2.2 NAME **400 EAST GOVERNMENT STREET** STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP 2 4 CITY-ST-ZIP ☐ DELETE 31 TITLE Change Addition TITLE RANKIN, WILLIAM NAME 3.2 NAME **400 EAST GOVERNMENT STREET** STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP 3.4. CITY- \$1-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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 leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attacument with an address.

WILLIAM'

RANKIN

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