

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000102005 (0)

1. Corporation Name

RED LION PUB, INC.



Principal Place of Business

4580 COQUINA AVE  
TITUSVILLE FL 32780

Mailing Address

4580 COQUINA AVE  
TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 4580 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MASTERS, WILLIAM  
4580 COQUINA AVE  
TITUSVILLE FL 32780

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 PD  
NAME MASTERS, SANDRA A  
STREET ADDRESS 4545 COQUINA AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

☒ DELETE

TITLE VTD  
NAME MASTERS, WILLIAM  
STREET ADDRESS 4545 COQUINA AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MD  
1.2 NAME SHIRLEY A. STAUFFER, SHIRLEY A.  
1.3 STREET ADDRESS 4580 COQUINA AVE  
1.4 CITY-ST-ZIP TITUSVILLE, FL 32780

☐ Change ☒ Addition

2.1 TITLE PD  
2.2 NAME HUBBARD SANDRA A  
2.3 STREET ADDRESS 4580 COQUINA AVE  
2.4 CITY-ST-ZIP TITUSVILLE, FL 32780

☒ Change ☐ Addition

3.1 TITLE VTD  
3.2 NAME MASTERS, WILLIAM  
3.3 STREET ADDRESS 4580 COQUINA AVE  
3.4 CITY-ST-ZIP TITUSVILLE, FL 32780

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

William Mortham

20 JULY 1998 467-214 m84

CR2E034 (5/98)