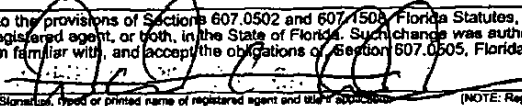


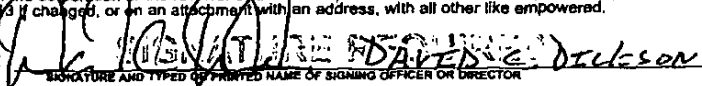
FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90209 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P98000004920																													
1. Corporation Name LOUQUE HOSPITALITY CORPORATION																													
Principal Place of Business 118 W MAIN ST PERRY FL 32348			Mailing Address P O BOX 111 PERRY FL 32348																										
DO NOT WRITE IN THIS SPACE																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			3. Date Incorporated or Qualified 01/15/1998 4. FEI Number 59-3493232 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No																										
24 Zip Country 25			26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																										
9. Name and Address of Current Registered Agent DICKSON, DAVIC C 116 W MAIN ST PERRY FL 32347			10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code																										
11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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  DATE 4/29/99 (NOTE: Registered Agent signature required when reinstating)																													
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE PD NAME DICKSON, DAVID STREET ADDRESS 118 W MAIN ST CITY-ST-ZIP PERRY FL 32348 </td> <td style="width:50%; text-align: right;"> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ DELETE </td> </tr> </table>			TITLE PD NAME DICKSON, DAVID STREET ADDRESS 118 W MAIN ST CITY-ST-ZIP PERRY FL 32348	☐ 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP </td> <td style="width:50%; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP </td> <td style="text-align: right;"> ☐ Change ☐ Addition </td> </tr> </table>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ 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
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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 in an attachment with an address, with all other like empowered.

SIGNATURE:



Date

Daytime Phone

4/29/99 850-584-8969

CR2E034 (11/98)