

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000017572**

1. Corporation Name

SHALIMAR HOTEL, INC.

Principal Place of Business
**17545 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413**

Mailing Address
**17545 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413**

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90013 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

Applied for

☒ 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.



Yes



No

9. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202**

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 re/instating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **President**
NAME **John Royal Vann**
STREET ADDRESS **17545 Front Beach Road**
CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE **Vice-President**
NAME **Sandra M. Vann**
STREET ADDRESS **17545 Front Beach Road**
CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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 ☐ Addition

☐ 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 on an attachment with an address.

SIGNATURE:

Sandra M. Vann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-99

CR2E034 (5/99)

588222-7001350
P98000017572

We were told to send \$150⁰⁰ to
you since this was first notice
we had received. We had an
attorney set us up, but we have
never funded the corporation.
We will wait until after hurricane
season is over before we do
anything. If we need to dissolve
we will let your office know.

Thank you,
Sandra Vann