

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
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90097 032 ***150.00

DOCUMENT # P98000072058

1. Corporation Name

KELCO STITES COOKEVILLE HOTELS, INC.

Principal Place of Business

8390 N.W. 53RD STREET SUITE 312
MIAMI FL 33166

Mailing Address

8390 N.W. 53RD STREET SUITE 312
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

2. Principal Place of Business

21 2700 S. Commerce Pkwy

2a. Mailing Address

26 2700 S. Commerce Pkwy

4. FEI Number

65-0862633

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Ste 313

Suite, Apt. #, etc.

27 Ste 313

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Weston, FL

City & State

28 Weston, FL

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33331

Country

25 USA

Zip

29 33331

Country

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SLAY, KELLEY D
8390 N.W. 53RD STREET SUITE 312
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2700 S. Commerce PARKWAY

83 Ste, 313

84 City Weston

FL

85 Zip Code 33331

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 D ☐ DELETE
NAME SPILLET, RICHARD J
STREET ADDRESS 17 DUNBAR CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ DELETE
NAME SLAY, KELLEY D
STREET ADDRESS 973 SPOONBILL CIRCLE
CITY-ST-ZIP WESTON FL 33326

TITLE D ☐ DELETE
NAME STITES, JOHN D II
STREET ADDRESS 6750 WALNUT TRACE
CITY-ST-ZIP COOKEVILLE TN 38501

TITLE D ☐ DELETE
NAME STITES, JACK
STREET ADDRESS 6600 WALNUT TRACE
CITY-ST-ZIP COOKEVILLE TN 38501

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

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, upon 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 #

CR2E034 (11/98)

0239216