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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1999 99 SEP 29 PH 1:44 DOCUMENT # P98000407998 OAKS MOTEL OF BROOKSVILLE, COMPANY Principal Place of Business Mailing Address 921 Laurel Road 630 South Broad Street North Palm Boach, FZ DO NOT WRITE IN THIS SPACE Brooksville, FL 34601 3. Date incorporated or Qualifed 33408 2. Principal Place of Business Applied For 21 630 So. Broad Street Not Apolicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Brooksville, FL **Trust Fund Contribution** Added to Fees 23 8. This corporation owes the current year Intangible Personal Property Tax. Country 25 USA 34601 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Sue A. Twyford Street Address (P.O. Box Number is Not Acceptable) 921 Laurel Road North Palm Beach, FL 33408 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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 sutherized 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 807.0505, Florida Statutes. sue Twy ford DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Director/President DELETE Change Addrtion TITLE 11 TITLE Maria A. Male Basile 1.2 NAME NAME 1201 Garden Street 1.3 STREET ADDRESS STREET ADDRESS Fort Wayne, ID 46802 CITY-S 1.4 CITY-ST-20P Director Vice President DELETE Addition TITLE 21 TM F Nara male 22 NAME Nora Mae Ellert NAME 2491 S.E. Whitehorse Street 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pt. St. Lucie, FL 34984 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 31 TITLE Secretary **500003013075--**-32 NAME NAME Connie Lou Male 3.3 STREET ADDRESS STREET ADORESS 630 So. Broad Street ****150.00 ****150.00 CITY-ST-ZIP Brooksville, FL 34601 3.4. CITY-ST-ZIP OELETE Director Treasurer **⊠** Change ☐ Addition 4.1 TITLE TITLE Director/Treasurer 4 2 NAME NAME Sue A. Twyford 4.3 STREET ADDRESS STREET ADDRESS 921 Laurel Road 4.4 CITY-ST-ZIP CITY-ST-ZIP North Palm Beach, FL 33408 DELETE ☐ Change Addition 5.1 TITLE TITLE Director 52 NAME NAME Alan T. Male 53 STREET ADDRESS STREET ADDRESS 630 So. Broad Street 5.4 CITY-ST-ZP CITY-ST-ZIP Brooksville, FL 34601 Addition □ DELETE 61 TITLE ☐ Change TITLE TS: 62 NAME NAME 63 STREET ADDRESS 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 suppliemental 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 Chepter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SUGATURE AND TYPED OR PRINTED NAME OF ARTHUM OFFICER OR ORRECTOR

CITY-ST-ZIP

SIGNATURE: