**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
00 JAN -6 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**DOCUMENT #** P98000108000

1. Corporation Name

OAKS MOTEL MANAGEMENT COMPANY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 630 South Broad Street<br>Brooksville, FL 34601 | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 630 So. Broad Street | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>Dec 30, 1998 | |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3554579 | Applied For<br>Not Applicable |
| City & State<br>23 Brooksville, FL | City & State<br>28 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip<br>24 34601 Country<br>25 USA | Zip<br>29 Country<br>30 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| | | 8. This corporation owes the current year intangible Personal Property Tax. | ☒ Yes ☐ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Virginia M. Male<br>630 So. Broad Street<br>Brooksville, FL 34601 | 91 Name: Sue A. Twyford<br>92 Street Address (P.O. Box Number is Not Acceptable): 921 Laurel Road<br>93<br>94 City: North Palm Beach, FL 95 Zip Code: 33408 |

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: Sue A. Twyford, Sue Twyford, registered agent, 9-27-99
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | Pres./Director ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Add |
| NAME | Virginia M. Male | 1.2 NAME | 200003096442--1 |
| STREET ADDRESS | 630 So. Broad Street | 1.3 STREET ADDRESS | -01/12/00--01081--004 |
| CITY-ST-ZIP | Brooksville, FL 34601 | 1.4 CITY-ST-ZIP | ****158.75 ****158.75 |
| TITLE | VP/Director ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Add |
| NAME | Alan T. Male | 2.2 NAME | |
| STREET ADDRESS | 630 So. Broad Street | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Brooksville, FL 34601 | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Add |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Add |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Add |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Add |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Alan Male Alan Male, V.P 9-28-99 (352) 796-4807
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

letter # 699A00059702