SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0)**DOCUMENT #** S13708 WATERS EDGE MOTEL, INC. Mailing Address Principal Place of Business 10995 FRONT BEACH RD 10995 FRONT BEACH RD PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 3a. Date of Last Report 3. Date Incorporated or Qualified 06/14/1995 10/12/1990 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3042076 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be City & State 6, Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 B. This corporation has liability for intangible tax under s. 199.032. Country Country Zip Ζıp Yes 🔲 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **GLENN L. HESS** Street Address (P.O. Box Number is Not Acceptable) 82 9108 FRONT BEACH RD. PANAMA CITY BEACH FL 32407 83 85 Zip Code City 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. Thereby accept the appointment as registered agent I am familiar with and accept the obligations of Section 607 0505. Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)12. DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME ZEITVOGEL, BETTY NAME 13 STREET ADDRESS 10995 FRONT BEACH RD STREET ADDRESS 1.4 CITY - ST - ZIP PANAMA CITY BCH FL CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- 21P Change Addition CITY - ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST ZIP Change Addition CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4 2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 44 City - ST - ZIP Change Addition CITY - ST - ZIP DELETE 51 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 till F TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 6-24-96 9042349154

SIGNATURE: