

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

**FILED**  
**Feb 15, 1999 8:00am**  
**Secretary of State**

02-15-1999 90043 045 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V02838**

1. Corporation Name  
**HOSPITALITY MESSAGE SYSTEMS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 303 CENTRE STREET SUITE 101 FERNANDINA BEACH FL 32034  
 Mailing Address: P.O. BOX 8305 AMELIA ISLAND FL 32035-8045

3. Date Incorporated or Qualified: 12/23/1991

4. FEI Number: 59-3232035

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 Tax:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent  
**WOOD, MARSHALL E**  
**303 CENTRE STREET**  
**SUITE 101**  
**FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                                    |        |
|----------------|------------------------------------|--------|
| TITLE          | P                                  | DELETE |
| NAME           | SMITH, PETER W                     |        |
| STREET ADDRESS | 4111 SO. FLETCHER AVE.             |        |
| CITY-ST-ZIP    | AMELIA ISLAND FL 32034             |        |
| TITLE          | VD                                 | DELETE |
| NAME           | CLIFTON, DANIEL                    |        |
| STREET ADDRESS | HIGHWAY 17 NORTH-AT TOM BURNEY RD. |        |
| CITY-ST-ZIP    | YULEE FL 32097                     |        |
| TITLE          | TD                                 | DELETE |
| NAME           | HEALAN, JACK B JR.                 |        |
| STREET ADDRESS | 6 HARRISON CREEK RD.               |        |
| CITY-ST-ZIP    | AMELIA ISLAND FL 32034             |        |
| TITLE          | SD                                 | DELETE |
| NAME           | WOOD, MARSHALL E                   |        |
| STREET ADDRESS | 12 BELTED KINGFISHER RD.           |        |
| CITY-ST-ZIP    | AMELIA ISLAND FL 32034             |        |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/23/99 DAYTIME PHONE #: 904 277 5959

CR2E034 (11/98)