FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 30 1997 8:00am
Secretary of State

DOCUMENT # **V10481** **(2)**

1. Corporation Name
C & P HOSPITALITY, INC.

Principal Place of Business	Mailing Address
7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256	7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256-6842

3. Date Incorporated or Qualified: 01/30/1992
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business
21: 4306 Pablo Oaks Court
22 Suite, Apt. #, etc.:
23 City & State: Jacksonville FL
24 Zip: 32224 25 Country:

2a. Mailing Address
26: P O Box 16469
27 Suite, Apt. #, etc.:
28 City & State: Jacksonville FL
29 Zip: 32245 30 Country:

4. FEI Number: 59-3114860 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
COGGIN, LUTHER W.
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4306 Pablo Oaks Court
83:
84 City: Jacksonville FL 85 Zip Code: 32224

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	COGGIN, LUTHER W.		1.2 NAME		
STREET ADDRESS	7400 BAYMEADOWS WAY,#200		1.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	PD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	POTTS, DAVID T.		2.2 NAME		
STREET ADDRESS	7400 BAYMEADOWS WAY,#200		2.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	VD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	TOMM, C.B.		3.2 NAME		
STREET ADDRESS	7400 BAYMEADOWS WAY - SUITE 200		3.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	S	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	GALLAGHER, WILMA S.		4.2 NAME		
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200		4.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	VD	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	NOBLE, NANCY D.		5.2 NAME		
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200		5.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville FL 32224	
TITLE	TS	☐ DELETE	6.1 TITLE		☑ Change ☐ Addition
NAME	MARLETTE, LINDA		6.2 NAME		
STREET ADDRESS	7400 BAYMEADOES WAY SUITE 200		6.3 STREET ADDRESS	4306 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville FL 32224	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Wilma S Gallagher Sec. 1-17-97 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #