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

DOCUMENT # J81576

THE SEVILLE DOWNTOWN INN, INC.

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90065 024 ***158.75



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Principal Place	e of Business	Mailing Address			•
		223 EAST GARDEN STREET PENSACOLA FL 32501		DO NOT WRITE IN TH	IS SPACE
		,			0 01 702
		•		3. Date Incorporated or Qualifed 07/08/1987	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
ज़ ं		26		59-2828084	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	•	5. Coluicate of Giatus Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
·	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Registere	d Agent
			81 Name	•	•
	RIEN, JOHN GARDEN ST		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	*:
223 GARDEN ST PENSACOLA FL 32501			83		1
			84 City	**************************************	85 Zip Code
				reporation submits this statement for the purpose	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	yent and title if applicable. (NOTE: F ND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DONOVAN, MICHAEL J.		1.2 NAME		
STREET ADDRESS	AAA E AADOEN OTDEET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1,4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	- :	☐ Change ☐ Addition
NAME	1		2.2 NAME		
			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP	•	
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
TITLE COLD			3.2 NAME	•	
NAME 777	DATE OF THE STREET		3.3 STREET ADDRESS		ing group of the control of the State of the
STREET ADDRESS	1/2 Min 1/2		I 1		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	Change Maddition
TITLE		C) precie			- , ·
NAME			4.2 NAME:		
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CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	· .	□ Autorite
NAME			5.2 NAME		
STREET ADDRESS	3		5.3 STREET ADDRESS		
	1 .				
CITY-ST-ZIP			5.4 City-ST-ZiP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
		□ DELETE			☐ Change ☐ Addition

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.

6.4 CITY+ST-ZIP

SIGNATURE: