

**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.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT #** P93000029296  
**1. Corporation Name**

**Intown Suites Orlando South, Inc.**

**Principal Place of Business**

**Mailing Address**

**1951 Central Florida Parkway  
Orlando, Florida 32821**

**3. Date Incorporated or Qualified**  
**4/10/95**

**3a. Date of Last Report**

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**Country**

**28** Zip

**Country**

**24**

**25**

**29**

**30**

**9. Name and Address of Current Registered Agent**

**4. FEI Number**

**59-3308-965**

**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

**10. Name and Address of New Registered Agent**

**Ronald A. Carpenter  
5608 N.W. 43rd Street  
Gainesville, Florida 32653**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** 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**

Signature typed in print (Name of registered agent and address)

(Not for Registered Agent signature required when new filing)

(Date)

**12. OFFICERS AND DIRECTORS**

TITLE	P and D	<input type="checkbox"/> DELETE
NAME	David M. Vickers	
STREET ADDRESS	2102 Piedmont Road	
CITY-ST-ZIP	Atlanta, Georgia 30324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Cheryl Vickers	
13 STREET ADDRESS	2102 Piedmont Road	
14 CITY-ST-ZIP	Atlanta, Georgia 30324	
21 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Julie Vickers	
23 STREET ADDRESS	2102 Piedmont Road	
24 CITY-ST-ZIP	Atlanta, Georgia 30324	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**200001899782  
-07/19/96--01072--036  
\*\*\*225.00**

**14. I do hereby certify that the information submitted 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.**

**SIGNATURE:**

**David M. Vickers, President**

**(404) 875-7910**

CR2E034 (3/96)