

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 201206 (0)
1. Corporation Name
GILL HOTELS COMPANY



Principal Place of Business
**1140 SEABREEZE BOULEVARD
(P.O. BOX 21277)
FT. LAUDERDALE FL 33335**

Mailing Address
**1140 SEABREEZE BOULEVARD
(P.O. BOX 21277)
FT. LAUDERDALE FL 33335**

3. Date Incorporated or Qualified **04/01/1957** 3a. Date of Last Report **04/12/1995**

4. FEI Number **59-0799980** 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

2. Principal Place of Business
21. Subd., Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Subd., Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**LEONARD, W. F.
LEONARD & MORRISON
4875 N FEDERAL HWY 10 FLOOR
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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 607.0507 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 607.0305, Florida Statutes.

SIGNATURE

Signature of the person designated as the registered agent

Signature of the person designated as the registered agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D GILL, GEO. W., III**
STREET ADDRESS **1140 SEABREEZE BLVD**
CITY-STATE-ZIP **FORT LAUDERDALE FL**

2. TITLE ☐ DELETE
NAME **PDV GILL, G. W., JR.**
STREET ADDRESS **1140 SEABREEZE BLVD**
CITY-STATE-ZIP **FORT LAUDERDALE FL**

3. TITLE ☐ DELETE
NAME **DT LEONARD, W. F.**
STREET ADDRESS **2810 E. OAKLAND PK BLVD**
CITY-STATE-ZIP **FORT LAUDERDALE FL**

4. TITLE ☐ DELETE
NAME **D GILL, LINDA L.**
STREET ADDRESS **1140 SEABREEZE BV**
CITY-STATE-ZIP **FT LAUDERDALE FL**

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 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: *Geoff Gill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 (954) 525-3451
Date Date/Time Phone #

CR2E034 (12/95)