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Mar 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 260365 (2)  
1. Corporation Name  
MT VERNON MOTOR LODGE OF WINTER PARK, INC.



Principal Place of Business Mailing Address  
110 S ORLANDO AVE 110 S ORLANDO AVE  
WINTER PARK FL 32789-3698 WINTER PARK FL 32789-3603  
US US

3. Date Incorporated or Qualified 06/27/1962 3a. Date of Last Report 04/02/1996  
4. FEI Number 59-0975450 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
FRAZEE, RICHARD P  
110 S ORLANDO AVE  
WINTER PARK FL 32789  
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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZEE, RICHARD P	1.2 NAME	
STREET ADDRESS	834 12TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZEE, PHYLLIS	2.2 NAME	
STREET ADDRESS	834 12TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZEE, RICHARD C	3.2 NAME	
STREET ADDRESS	1921 ENGLEWOOD DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK, FL 00000	3.4 CITY - ST - ZIP	
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZEE, SUZANNE B.	4.2 NAME	
STREET ADDRESS	1921 ENGLEWOOD DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 3/3/97 407-647-1166  
SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)