

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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90009 026 ***550.00

DOCUMENT # 282214

1. Corporation Name
ACCOMMODATIONS INC

Principal Place of Business
200 W. COLLEGE AVENUE
TALLAHASSEE FL 32301-7707
US

Mailing Address
200 W. COLLEGE AVENUE
TALLAHASSEE FL 32301-7707
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1964

4. FEI Number

59-1052080

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAITS, THOMAS A.
200 W COLLEGE AVE
TALLAHASSEE FL 32302

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HARDY, JACK
STREET ADDRESS ONE GRAND CYPRESS BLVD
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE TD
NAME MCCREARY, WILLIAM W
STREET ADDRESS 1500 EPCOT RESOURT BLVD
CITY-ST-ZIP LAKE BUENA VISTA FL

DELETE

TITLE SD
NAME HAWKINS, FRED
STREET ADDRESS 5400 PLANTATION RD
CITY-ST-ZIP CAPTIVA FL 33924

DELETE

TITLE PCEO
NAME WAITS, THOMAS A
STREET ADDRESS 200 W COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE FL

DELETE

TITLE CED
NAME THIRION, JERRY
STREET ADDRESS 475 SEAGATE DRIVE
CITY-ST-ZIP NAPLES FL

DELETE

TITLE CD
NAME JOHNSON, RON
STREET ADDRESS 9250 BAYMEADOWS RD STE 200
CITY-ST-ZIP JACKSONVILLE FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TD
WALTER BANKS
1700 S. OCEAN LN.
FT LAUDERDALE, FL 33316

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

CED

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD
GARY BROWN
241 S. ATLANTIC AVE.
DAYTONA BCH, SHORES, FL 32118

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

CD

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

850-224-2818

Date

Daytime Phone #

CR2E034 (11/98)