FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:01

DOCUMENT # 319509 (6)

1. Corporation Name
CONSOLIDATED INNS OF DAYTONA BEACH, INC.

Principal Place of Business	Mailing Address
121 S PALMETTO AVE P.O. 2240 DAYTONA BEACH FL 32115	121 S PALMETTO AVE P.O. 2240 DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/02/1967
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business (21): 1798 W. Int'l Speedway Blvd
Suite, Apt. #, etc. (22):
City & State (23): Daytona Beach, Florida
Zip (24): 32114
Country (25): USA

2a. Mailing Address (26): P. O. Box 11257
Suite, Apt. #, etc. (27):
City & State (28): Daytona Beach, FLorida
Zip (29): 32120
Country (30): USA

4. FEI Number: 59-1174542 ☐ 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

9. Name and Address of Current Registered Agent

FAGAN, LYNN
121 S PALMETTO AVE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1798 W. Int'l Speedway Blvd.
83
84 City: Daytona Beach FL 85 Zip Code: 32114

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 _____ DATE
(Signature required only when registered agent is not a director. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	LACOUR, STEPHEN M.	12 NAME	
STREET ADDRESS	118 PONCE DE LEON CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, JOHN J	22 NAME	
STREET ADDRESS	435 CHIMNEY HILL PL	23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	XX Change ☐ Addition
NAME	FAGAN, LYNNE	32 NAME	
STREET ADDRESS	121 S PALMETTO AVE	33 STREET ADDRESS	1798 W. Int'l Speedway Blvd.
CITY-ST-ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 1, 11 or Block 12 if changed or added to the report with an address.

SIGNATURE: [signature] Lynne L. Fagan 1/30/95 904-255-2501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

040200 FP