

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**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90041 013 \*\*\*158.75

**DOCUMENT # 319509**

1. Corporation Name

**CONSOLIDATED INNS OF DAYTONA BEACH, INC.**

Principal Place of Business

1798 W INT'L SPEEDWAY BLVD  
~~P.O. 2240~~  
DAYTONA BEACH FL 32114  
US

Mailing Address

P O BOX 11257  
~~P.O. 2240~~  
DAYTONA BEACH FL 32120  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/02/1967**

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 owes the current year intangible  
Personal Property Tax.



Yes No

2. Principal Place of Business

2a. Mailing Address

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

**26** P.O. Box 11257

**22**  
City & State

**27**  
Suite, Apt. #, etc.

**23**  
Zip Country

**28** DAYTONA BEACH, FL  
**29** 32120 **30** USA

9. Name and Address of Current Registered Agent

FAGAN, LYNN  
1798 W INT'L SPEEDWAY BLVD  
DAYTONA BEACH FL 32114

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 607.0502 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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FAGAN, RICHARD H	
STREET ADDRESS	301 RIO PINAR TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MILLER, JOHN J	
STREET ADDRESS	435 CHIMNEY HILL PL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAGAN, LYNN	
STREET ADDRESS	1798 W INT'L SPEEDWAY BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

*Lynne L. Fagan*

Lynne L. Fagan

1/11/99

904-255-2501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)