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

APPROVED AND FILED

95 APR 12 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # 347417(8)

1. Corporation Name

World Wide Inns, Inc.

Principal Place of Business	Mailing Address
2. Principal Place of Business 21 2120 South 1300 East 22 Suite, Apt. #, etc. Suite 101 23 City & State Salt Lake City, UT 24 84106 25 County USA	2a. Mailing Address 26 2120 South 1300 East 27 Suite, Apt. #, etc. Suite 101 28 City & State Salt Lake City, UT 29 Zip 84106 30 Country USA

3. Date Incorporated or Qualified: 6/5/69
3a. Date of Last Report:

4. FEI Number: 59-1263630 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Barbara J. Petrosky
82 Street Address (P.O. Box Number is Not Acceptable): 100 W. Lucerne Circle
83: #504
84 City: Orlando FL 85 Zip Code: 32801

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: Barbara Petrosky 3-31-95
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		11 TITLE	D	☒ Change ☐ Addition
NAME		12 NAME	Finley Hamilton	
STREET ADDRESS		13 STREET ADDRESS	2120 South 1300 East, #101	
CITY-ST-ZIP		14 CITY-ST-ZIP	Salt Lake City, UT 84106	
TITLE		21 TITLE	P/D	☒ Change ☐ Addition
NAME		22 NAME	Marilyn Peterson	
STREET ADDRESS		23 STREET ADDRESS	2120 South 1300 East, #101	
CITY-ST-ZIP		24 CITY-ST-ZIP	Salt Lake City, UT 84106	
TITLE		31 TITLE	VP/D	☒ Change ☐ Addition
NAME		32 NAME	Jack Zimmer	
STREET ADDRESS		33 STREET ADDRESS	P.O. Box 140095 N/A	
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando, FL 32814-0095	
TITLE		41 TITLE	S	☒ Change ☐ Addition
NAME		42 NAME	Jennifer Tobler	
STREET ADDRESS		43 STREET ADDRESS	2120 South 1300 East, #101	
CITY-ST-ZIP		44 CITY-ST-ZIP	Salt Lake City, UT 84106	
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		AJ 4/12

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)(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 added to the report or on an attachment with an address.

SIGNATURE: Jennifer Tobler Jennifer Tobler, Sec 3/31/95 801-487-4048
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #