

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 371376 (5)**

1. Corporation Name

**BAY QUEEN MOTEL, INC.**



Principal Place of Business

Mailing Address

**101 E. KENNEDY BLVD. STE. #1000  
PO BOX 1363  
TAMPA FL 33601-1363**

**101 E. KENNEDY BLVD. STE. #1000  
PO BOX 1363  
TAMPA FL 33601-1363**

3. Date Incorporated or Qualified  
**10/19/1970**

3a. Date of Last Report  
**03/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**59-1308972**

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

**MILLER, E BRADFORD  
101 E KENNEDY BLV #1000  
BARNETT PLAZA  
TAMPA FL 33601**

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 re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **PD  
MILLER, JOHN H**  
STREET ADDRESS **1925 EDGEWATER D.**  
CITY-STATE-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **VD  
MILLER, ANN L**  
STREET ADDRESS **1925 EDGEWATER DR.**  
CITY-STATE-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **ST  
MILLER, E BRADFORD**  
STREET ADDRESS **101 E KENNEDY BLV #1000**  
CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D  
MILLER, E BRADFORD**  
STREET ADDRESS **101 E KENNEDY BLV #1000**  
CITY-STATE-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. 1. TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME  
22 STREET ADDRESS

23 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME  
32 STREET ADDRESS

33 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME  
42 STREET ADDRESS

43 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME  
52 STREET ADDRESS

53 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME  
62 STREET ADDRESS

63 CITY-STATE-ZIP

64 CITY-STATE-ZIP

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)(k), 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:

*E Bradford Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6 March 96*  
Date

*813-961-2224*  
Daytime Phone #

CR2E034 (12/95)