

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1425 Edgewater Dr		26 101 E. KENNEDY BLVD. STE. #1000		10/19/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 CLEARWATER, FLA		27		59-1308972	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 33755		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MILLER, JOHN H	1.2 NAME	
STREET ADDRESS	1925 EDGEWATER D.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MILLER, ANN L	2.2 NAME	
STREET ADDRESS	1925 EDGEWATER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	MILLER, E BRADFORD	3.2 NAME	
STREET ADDRESS	101 E KENNEDY BLV #1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MILLER, E BRADFORD	4.2 NAME	
STREET ADDRESS	101 E KENNEDY BLV #1000	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: E Bradford Miller DATE: 12-5-98 813-961-3224

CR2E034 (10/97)