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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 441455 (3)

1. Corporation Name:
DEPREE MOTELS, INC.

Principal Place of Business
1701 N. TAMiami TRAIL
SARASOTA FL 34234

Mailing Address
1701 N. TAMiami TRAIL
SARASOTA FL 34234-8336



3. Date Incorporated or Qualified 12/07/1973
3a. Date of Last Report 03/29/1996

4. FEI Number 59-1501175
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CHERRY, BARBARA D.
3907 BAYSHORE ROAD
SARASOTA FL 34234

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D
NAME DEPREE, JAMES A
STREET ADDRESS 2415 COLGATE DRIVE
CITY-ST-ZIP FAYETTEVILLE NC
TITLE PD
NAME CHERRY, BARBARA D.
STREET ADDRESS 3907 BAYSHORE ROAD
CITY-ST-ZIP SARASOTA FL
TITLE VPD
NAME DEPREE, PIETER J.
STREET ADDRESS 1630 DONCASTER DR NE
CITY-ST-ZIP ATLANTA GA
TITLE STD
NAME DEPREE, ROBERT W
STREET ADDRESS 4211 SHADE AVE.
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Barbara D. Cherry* BARBARA D. CHERRY 2/27/97 (941) 366-9432

CR2E034 (9/96)