

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 22, 1999 8:00 am  
Secretary of State

03-22-1999 90036 015 \*\*\*150.00

DOCUMENT # 441455

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/07/1973

4. FEI Number  
59-1501175

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution 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 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHERRY, BARBARA D.  
3907 BAYSHORE ROAD  
SARASOTA FL 34234

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
DEPREE, JAMES A  
STREET ADDRESS  
2415 COLGATE DRIVE  
CITY-ST-ZIP  
FAYETTEVILLE NC

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
CHERRY, BARBARA D.  
STREET ADDRESS  
3907 BAYSHORE ROAD  
CITY-ST-ZIP  
SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
DEPREE, PIETER J.  
STREET ADDRESS  
1630 DONCASTER DR NE  
CITY-ST-ZIP  
ATLANTA GA

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
DEPREE, ROBERT W  
STREET ADDRESS  
4211 SHADE AVE.  
CITY-ST-ZIP  
SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

(941) 351-7906

Date

Daytime Phone #

0482996

CR25034 / 11/98