

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 444555 (7)

1. Corporation Name

PARK MOTEL, INC.

Principal Place of Business

2020 TAMiami TRAIL
NORTH FT. MYERS FL

Mailing Address

2020 TAMiami TRAIL
NORTH FT. MYERS FL



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

METZ, WILLIAM H.
2020 NORTH TAMiami TRAIL
NORTH FORT MYERS FL 33903

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 607.1502, 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 607.0504, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent for Service of Process)

(Signature of Registered Agent or Agent for Service of Process)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	METZ, WILLIAM H.	
STREET ADDRESS	2020 NORTH TAMiami TRAIL	
CITY-STATE-ZIP	NORTH FORT MYERS FL	
TITLE	D	☐ DELETE
NAME	GRACE, A. DOUGLAS JR.	
STREET ADDRESS	2069 FIRST STREET	
CITY-STATE-ZIP	FORT MYERS FL	
TITLE	D	☐ DELETE
NAME	METZ, AGNES K.	
STREET ADDRESS	2020 NORTH TAMiami TRAIL	
CITY-STATE-ZIP	NORTH FORT MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 person 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 addition without an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. METZ

2/19/96

941-995-4355

CR2E034 (12/95)