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PROFIT
CORPORATION
ANNUAL REPOR
.1997
OCUMENT #
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Principal Place of Business

% MICHAEL J. NOLAN

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

493919 HOLIDAY HOUSE MOTEL-APARTMENTS, INC.

(5)

Mailing Address

% MICHAEL J. NOLAN

97	AUG 20	PM	3:	59
	DETAMA			_

FII FD

733-4819

SECRETARY OF STATE
TALLAHASSEE FLORIDA

TAMPA FL 3380	PLACE. 5TH FLR 12	ONE HARBOUR PLACE, 5TH TAMPA FL 33602	I FLR	DO NOT WRITE	IN THIS SPACE
U\$		US		 Date Incorporated or Qualified 01/21/1976 	3a. Date of Last Report 04/17/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 C/O G	wynne A. Young	26 c/o_Gwynne_	A. Young	59-1641204	Not Applicable
Suite, Apt.	#.enc. a <u>rbour Place, 6th Fl</u> r	Suite, Apt. #, etc.	70	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	39	& Floation Compaign Floating	·
23 Tampa		28 Tampa, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip Zip	Country	8. This corporation owes or has pa	
24 33602	25 Hillsboroug	·	30 Hillsboro		
	9. Name and Address of Current			10. Name and Address of New Re-	
NOL	AN, MICHAEL J		81 Name	onne A. Young, Esquire	
STE.			82 Street A	ddress (P.O. Box Number is Not Acceptab	vie)
ONE	HARBOUR PLACE		Öne	Harbour Place, 6th Flo	oor
TAMI	PA FL 33602		63		
			84 City		or Zin Codo
			84 City Tan	ma	FL 85 Zrp Code 33602
11. Pursuant	to the provisions of Sections 607,0502	and 607 1508, Florida Statute	s, the above-named o	corporation submits this statement for the p	purpose of changing its registered
office of f	registered agent, or both, in the State o im familiar with, and accept the obligat	ions of, Section 607.0505 was a آجرکاری Flo	iuthorized by the corp irida Statutes.	corporation submits this statement for the p oration's board of directors. I hereby accep	of the appointment as registered
SIGNATURE	Gum		Swynne A. Yo		3-13-97
SIGNATORIE	Signature, typed or printed name of registraid agent	and little if applicabl (NOTE	Registered Agent signature r	equired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSD	☐ DELETE	1.1 TITLE		Change X Addition
NAME	LYTLE, MARY P		1.2 NAME		
STREET ADDRESS	7012 JUDI ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		1.4 CITY - ST - ZIP	Dallas, TX 75252	
TITLÉ		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 City+St-ZiP		
TITLE		DELETE	3.1 TITLE	zannasa	Change
NAME			3.2 NAME	-na/22/7	274577-017
STREET ADDRESS			3.3 STREET ADDRESS	****173	3.75 ****173.75
CITY-\$1-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-S1-ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		Nh an
STREET ADDRESS			5.3 STREET ADDRESS	`	(JV 31 201)
CITY-ST-ZIP			5.4 CITY - ST - ZIP		Ar D
TITLE		∟ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
Informatio	a Indicated on this control concei or a	أنفيدا أبدا ممامين مسأم التعمم ممامي		ated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same lega	
am an o	flicer or director of the corporation or the	ne receiver or trustee empowe	ared to execute this re	trial my signature shall have the same lega sport as required by Chapter 607, Florida S	tatutes; and that my name
appears I	n Block 12 ar Block 13 if changed, or c	on an attachment with an addi	ress.	7	(<i>47</i> 2)
	J 14	CYT L # off to the call of the	brand I by	Ī	



HOLIDAY HOUSE MOTEL-APARTMENTS, INC.

Mary P. Lytle, Pres. 7012 Judi Street Dallas, TX 75252

August 5, 1997

Florida Department of State

Division of Corporations Attn.: Dir. Off.

P. O. Box 6327

Tallahassee, FL 32314

Re: Doc # 493919

Dear Sirs,

This is the third time I'm sending an annual report. The first one was mailed 2 months early in March. When that check did not clear by May, I phoned your office and asked how to handle the situation. I was told I'd be sent another form; to resubmit a new form and another check and explain the situation. I did that on June 9th. Yesterday I received another form from the new registered agent, who didn't know I'd already sent 2 reports and checks. When I phoned your office today, I was told there was no record of having received the second report or check either. When we verified the address, it was discovered that at least on the second one, I'd addressed to P O Box 6377, instead of P O Box 6327. Neither enveloped has been returned. Neither check has cleared the bank either. I was told to send another report and check and again explain the situation and no penalty would be assessed. I'm also including an additional \$8.75 for a Certificate of Status after this filing.

When the first two checks are found (#s: 1229 and 1261), please return to the address above.

I'm enclosing copies of my duplicate check register for the first 2 checks and a copy of the second report and letter of 6/9.

Sincerely,

DCD