

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 704087 (6)

1. Corporation Name

FLORIDA HOTEL & MOTEL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

200 W. COLLEGE ST
P.O. BOX 1529
TALLAHASSEE FL 32302

200 W. COLLEGE ST
P.O. BOX 1529
TALLAHASSEE FL 32302-1529

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified

05/23/1962

3a. Date of Last Report

03/11/1996

4. FEI Number

59-0248210

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAITS, THOMAS A.
200 W COLLEGE AVENUE
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, 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 HARDY, JACK
STREET ADDRESS ONE GRAND CYPRESS BLVD
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME RUSS, KIMBALL
STREET ADDRESS 1160 GULF BLVD.
CITY-ST-ZIP CLEARWATER BCH. FL

TITLE ☐ DELETE

NAME SEATON, DON
STREET ADDRESS 445 HAMDEN DR.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME JOHNSON, RON
STREET ADDRESS 9250 BAYMEADOWS ROAD STE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME THIRION, JERRY
STREET ADDRESS 475 SEAGATE DRIVE
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME PCEO
STREET ADDRESS WAITS, THOMAS A.
CITY-ST-ZIP 200 WEST COLLEGE AVE.
TALLAHASSEE FL

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

☒ Change ☐ Addition

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*****61.25 ☒ Change ☐ Addition

☐ Change ☐ Addition

SD William W. McCreary
1500 Biscayne Blvd
Lake Buena Vista, FL 32830-2683

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008082

CR2E037 (9/96)