SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:30

DOCUMENT # 720055 (3)

1. Corporation Name

BISHOP GRAY INNS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
SUITE 800 FIRSTATE TOWER 255 SOUTH ORANGE AVENUE ORLANDO FL 32801	SUITE 800 FIRSTATE TOWER 255 SOUTH ORANGE AVENUE ORLANDO FL 32801

3. Date Incorporated or Qualified: 01/13/1971
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-0696299 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MACKINNON, ALEXANDER C.
SUITE 800, FIRSTATE TOWER
255 SOUTH ORANGE AVENUE
ORLANDO FL 32801

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VPT~~	11 TITLE	☐ Change ☐ Addition
NAME	~~HOWE, JOHN~~	12 NAME	
STREET ADDRESS	~~1017 E ROBINSON STR~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~	14 CITY-ST-ZIP	
TITLE	VPT	21 TITLE	☐ Change ☐ Addition
NAME	HARRIS, ROGER	22 NAME	
STREET ADDRESS	219 4TH STR NO	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	PT	31 TITLE	☐ Change ☐ Addition
NAME	SCHOFIELD, CALVIN	32 NAME	
STREET ADDRESS	525 NE 15TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	MCKINNON, ALEXANDER C.	42 NAME	
STREET ADDRESS	255 SO ORANGE AVE, STE 800	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	MOBLEY, GLENDA	52 NAME	
STREET ADDRESS	PO BOX 668 NA	53 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	54 CITY-ST-ZIP	
TITLE	TT	61 TITLE	☐ Change ☐ Addition
NAME	HATCHER, MARION F	62 NAME	
STREET ADDRESS	11 SO BUMLEY AVE	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-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)(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: Alexander C. Mackinnon 6/9/95 (407) 843-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alexander C. Mackinnon

0004406

CR2E037 (3/95)