

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720055 (3)

1. Corporation Name

BISHOP GRAY INNS, INC.

Principal Place of Business

SUITE 800 FIRSTSTATE TOWER  
255 SOUTH ORANGE AVENUE  
ORLANDO FL 32801

Mailing Address

SUITE 800 FIRSTSTATE TOWER  
255 SOUTH ORANGE AVENUE  
ORLANDO FL 32801-34453. Date Incorporated or Qualified  
01/13/19713a. Date of Last Report  
02/02/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-0696299

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

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

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

TITLE VPT  
NAME HARRIS, ROGER  
STREET ADDRESS 219 4TH STR NO  
CITY - ST - ZIP ST. PETERSBURG FL☐ DELETETITLE PT  
NAME SCHOFIELD, CALVIN  
STREET ADDRESS 525 NE 15TH ST  
CITY - ST - ZIP MIAMI FL☐ DELETETITLE ST  
NAME MCKINNON, ALEXANDER C.  
STREET ADDRESS 255 SO ORANGE AVE, STE 800  
CITY - ST - ZIP ORLANDO, FL☐ DELETETITLE AS  
NAME WHITMORE, GLENDA L  
STREET ADDRESS PO BOX 668, 206 W. ORANGE ST  
CITY - ST - ZIP DAVENPORT FL☐ DELETETITLE TT  
NAME HATCHER, MARION F  
STREET ADDRESS 11 SO BUMLEY AVE  
CITY - ST - ZIP ORLANDO FL☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

2-13-97

Date Daytime Phone # 001-606-2

CR2E037 (9/96)