


FILE NOW: FILING FEE IS \$61.25

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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90157 016 \*\*\*122.50

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720055**

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**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>01/13/1971</b> 4. FEI Number <b>59-0696299</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	VPT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ROGER	1.2 NAME	Howe, John W.
STREET ADDRESS	219 4TH STR NO	1.3 STREET ADDRESS	1017 E. Robinson St.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, CALVIN	2.2 NAME	
STREET ADDRESS	525 NE 15TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNON, ALEXANDER C.	3.2 NAME	
STREET ADDRESS	255 SO ORANGE AVE, STE 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMORE, GLENDA L.	4.2 NAME	
STREET ADDRESS	PO BOX 668, 206 W. ORANGE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	4.4 CITY-ST-ZIP	
TITLE	TT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, MARION F	5.2 NAME	
STREET ADDRESS	11 SO BUMLEY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99 (407) 843-7300

CR2E037-(11/98)