FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857590** **(4)**

1. Corporation Name
THIRTIETH STREET MOTEL, INC.

Principal Place of Business	Mailing Address
P O BOX 440 CLARKSTON GA 30021	P O BOX 440 CLARKSTON GA 30021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/30/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip
24:
County
25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
County
3:

4. FEI Number: **58-1816499** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DICKSON, JOSEPH F.
9202 N. 30TH ST.,
SUITE 300
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: Charles C. Lane, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 100 S. Ashley Dr., Suite 1700
83: Ashley Tower
84 City: Tampa **FL** 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Charles C. Lane, REGISTERED AGENT — 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, HERMAN L	12 NAME	
STREET ADDRESS	817 N. VINE STREET	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD CA	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, NADINE	22 NAME	
STREET ADDRESS	4303 CAVAN DR	23 STREET ADDRESS	
CITY-ST-ZIP	STONE MOUNTAIN GA	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	DICKSON, NORMA N.	32 NAME	
STREET ADDRESS	2105 CARTHAGE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	TUCKER, GA. 30084	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norma N. Dickson — 4/18/95 — 404/491-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0399700 FP