

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 10:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F68244

(5)

1. Corporation Name

JALARAM MOTELS, INC.

Principal Place of Business

Mailing Address

~~2015 N. PONCE DE LEON
ST AUGUSTINE FL 32084~~

~~2015 N. PONCE DE LEON
ST AUGUSTINE FL 32084~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/22/1982

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-2193639

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

Zip

Country

28

Zip

Country

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

10. Name and Address of New Registered Agent

**SHINE, JUDY
97 ORANGE STREET
ST AUGUSTINE FL 32084**

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 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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **PATEL, KANTI**
STREET ADDRESS **2015 N. PONCE DE LEON BLVD.**
CITY - ST - ZIP **ST AUGUSTINE FL 32084**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

2010 N. Ponce de Leon Blvd

TITLE **STD**
NAME **PATEL, KALAVATI**
STREET ADDRESS **2015 N. PONCE DE LEON BLVD.**
CITY - ST - ZIP **ST. AUGUSTINE FL 32084**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

2010 N Ponce de Leon Blvd

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

4-22-95

904-849-9088