(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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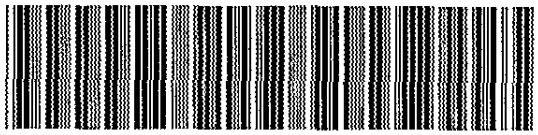

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FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000650 (2)**

1. Current Name
RESORT HOTELS OF GEORGIA, INC.

Principal Office Address
2700 NORTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118

Mailing Address
2700 NORTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

2. Principal Office Address (21)	2a. Mailing Address (26)
State, Abbreviation (22)	State, Abbreviation (27)
City & Code (23)	City & Code (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **02/12/1993**
3a. Date of Last Report: **05/11/1994**
4. FEI Number: **58-2029997** (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

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

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 Section 607.193, 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. The 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 607.325, Florida Statutes.

SIGNATURE _____ DATE _____
(Required if this is a change of registered agent. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title	PT	131 TITLE ☐ Change ☐ Addition
Name	FILSOOF, FRED F	132 NAME
Street Address	340 W. PEACHTREE ST., N.W., SUITE 200	133 STREET ADDRESS
City-St-Zip	ATLANTA GA 30308	134 CITY-ST-ZIP
Title	CD	141 TITLE ☐ Change ☐ Addition
Name	MERRILL, W H	142 NAME
Street Address	3232 COBB PARKWAY, SUITE 315	143 STREET ADDRESS
City-St-Zip	ATLANTA GA 30329	144 CITY-ST-ZIP
Title	S	151 TITLE ☐ Change ☐ Addition
Name	MOWELL, HUGH O	152 NAME
Street Address	788 N. PALISANDES CIRCLE	153 STREET ADDRESS
City-St-Zip	MARIETTA GA 30067	154 CITY-ST-ZIP
Title		161 TITLE ☐ Change ☐ Addition
Name		162 NAME
Street Address		163 STREET ADDRESS
City-St-Zip		164 CITY-ST-ZIP
Title		171 TITLE ☐ Change ☐ Addition
Name		172 NAME
Street Address		173 STREET ADDRESS
City-St-Zip		174 CITY-ST-ZIP
Title		181 TITLE ☐ Change ☐ Addition
Name		182 NAME
Street Address		183 STREET ADDRESS
City-St-Zip		184 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 above or on an attachment with an address.

SIGNATURE: Chairman Merrill CHAIRMAN 4-14-95 #04-814-1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008122 CP