FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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94 MAY 11 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

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

1. Corporation Name
RESORT HOTELS OF GEORGIA, INC.

DOCUMENT #
F93000000650 (2)

Mailing Address
2700 NORTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118

Principal Place of Business
2700 NORTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, key through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report:
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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
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 Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE ______________________ DATE ____________

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/T/B~~a~~
1.2 NAME	FILSOOF FRED F
1.3 STREET ADDRESS	340 W. PEACHTREE ST., N.W., SUITE 200
1.4 CITY-ST-ZIP	ATLANTA GA 30308
2.1 TITLE	C VD
2.2 NAME	MERRILL W H
2.3 STREET ADDRESS	3232 COBB PARKWAY, SUITE 315
2.4 CITY-ST-ZIP	ATLANTA GA 30329
3.1 TITLE	S
3.2 NAME	NOWELL HUGH O
3.3 STREET ADDRESS	586 N. PALISANDES CIRCLE
3.4 CITY-ST-ZIP	MARIETTA GA 30067
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

100001180571
-05/23/94--01024--019
****225.00 ****225.00

GSJ 5/11/94

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607 or 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: By: W Harrison Merrill, Chairman — W. Harrison McReill, Chairman — 5/6/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 404-814-1128