1-29-9-7 5- 1)94 1-C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SHOLODGE, INC.



FLORIDA DEPARTMENT OF STATE

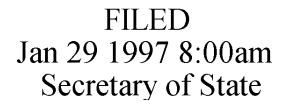
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # 1. Corporation Name F9400001267 (3)

Principal Place of Business Mailing Address 217 WEST MAIN ST.

217 WEST MAIN ST.





GALLATIN TN 37066		GALLATIN TN 37086-3243							
					3. Date Incorporated or Qualified 03/14/1994	•		e of Last Report	
	lace of Business	2a. Mailing Address			4. FEI Number	······································		Applied For	
21		26			62-1015641		Not Applicable		
Suite, Apt 22		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	6	City & State				Election Campaign Financing Trust Fund Contribution		-	May Be
Z:p	Country	Ζip	Cou	ntry		8. This corporation has liability for in	ntangible	tax unde	r s. 199.032,
24	25	29	30				Yes [
	9. Name and Address of Current	t Hegistered Agent		81	Name	10. Name and Address of New Rec	istered /	Agent	
	CORPORATION SYSTEM			61	Name				
	O SOUTH PINE ISLAND ROAD			82	Street A	ddress (P.O. Box Number is Not Acceptabl	e)		
PU	INTATION FL 33324			83					
				84	City		FL	85 Z	p Code
Office of r	egistored agent, or both, in the state im familiar with, and accept the obliga	of Florida, Such change was a trions of, Section 607,0505, Fil	authorizei orida Stat	o by utes	the corpo	corporation submits this statement for the pi pration's board of directors. I hereby accep	the app	changin ointment	g its registered as registered
12.	Signature, typics or protect name of mig stored ager OFFICERS AND		E Registered	1 Ager	nt signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDQ AND	DIRECT	ODC IN 12
TiTLE	PCEO	DELETE	1.1 [[TιΕ	I	PCEOD	LNO AND	Chang	
NAME	MOORE, LEON		1.2 NA	ME	l"	MOORE, LEON			
STREET ADORESS	217 WEST MAIN ST.		1.3 ST	REET A		217 WEST MAIN ST.			
CITY - ST - ZIF	GALLATIN TN 37066					GALLATIN TN 37066			
TULE	VD	DELETE	2.1 TI	ΓLE		7		Chang	e 🔼 Addition
NAME	JOHNSON, RICHARD L		22 NA	ME	1	PEYTON, TINA			
STREET ADDRESS	217 WEST MAIN ST.		2.3 ST	REFT A		217 WEST MAIN ST.			
City St ZiP	GALLATIN TN 37066	Delete	2.40		T-ZiP	GALLATIN TN 37066		1 1 0	
TITLE NAME	std Marlowe, Bob	L_ DELETE	3.1 Til			CFO		Chang	e 🗶 Addition
STREET ADDRESS	217 WEST MAIN ST.		3.2 NA			CORBETT, MICHAEL			ļ
CITY-ST ZIP	GALLATIN TN 37066		3.4. C		4	217 WEST MAIN ST.			ĺ
TOTLE	V	☐ DELETE	4.1 TI			ALLATIN IN 37000		Chang	e Addition
NAME	MARCOU, RONALD L		4. 2 N	AME	Š	SADLER, EARL			A
STREET ADORESS	217 WEST MAIN ST.		4.3 ST	REET A		436 ENOS REED DR			
CHT+-STZIP	GALLATIN TN 37066		4.4 CI	TY-ST		NASHVILLE TN 37210-430	2		
TITLE	V	☐ DELETE	5.1 Til	Lξ	I)		Chang	e 🙀 Addition
NAME	BUTTOLPH, JOHN C		5.2 NA	ME		OSKOVITZ, HELEN			
STREET ADDRESS	217 WEST MAIN ST.	•	5.3 ST	REET A	1.5	95 WHITE BRIDGE RD			i
CITY-ST ZIP	GALLATIN TN 37068	Drugge	5.4 CI		-ZIP	NASHVILLE TN 37205			
TITLE		DELETE	6,1 [1]			V		Chang	e 🗶 Addition
NAME STREET ANDSESS			6.2 NA			GROUT, JAMES			ļ
STREET ADDRESS					I	217 WEST MAIN ST.			
CITY-ST-ZIP	by certily tool the information everyling	Ly. th this filing dose not avail	6.4 Cl	1Y-ST	-ZIP (GALLATIN TN 37066	18		-1-1

Information indicated on this annual report or suppremental 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 ori an attachment with an address.

SIGNATURE:

Maileux Bob Marlowe Secry /TNZS

(615) 452-7200