

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003662

1. Corporation Name
SERVICO FT. PIERCE, INC.

Principal Place of Business
1601 BELVEDERE RD., STE 501 SOUTH
WEST PALM BEACH FL 33406

Mailing Address
1601 BELVEDERE RD., STE 501 SOUTH
WEST PALM BEACH FL 33406

2. Principal Place of Business
21 3445 Peachtree Rd. NE
22 Suite 700
23 Atlanta, GA 30326

2a. Mailing Address
26 3445 Peachtree Rd. NE
27 Suite 700
28 Atlanta, GA 30326

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 changing status)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	BUDEMMEYER, DAVID	
STREET ADDRESS	1601 BELVEDERE ROAD, STE 501 SOUTH	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, CHARLES M	
STREET ADDRESS	1601 BELVEDERE RD., SUITE 501S	
CITY-STATE-ZIP	WEST PALM BEACH FL 33406	
TITLE	TAS	<input checked="" type="checkbox"/> DELETE
NAME	HALE, PHILLIP	
STREET ADDRESS	1601 BELVEDERE ROAD, STE 501 SOUTH	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☒ Change ☐ Addition

11 TITLE	PRES
12 NAME	Robert Flanders
13 STREET ADDRESS	3445 Peachtree Rd. NE Suite 700
14 CITY-STATE-ZIP	Atlanta, GA 30326
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	VST
32 NAME	Mark Rafuse
33 STREET ADDRESS	3445 Peachtree Rd. NE Suite 700
34 CITY-STATE-ZIP	Atlanta, GA 30326
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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14. I hereby certify that the information supplied with this filing 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Flanders 4/28/99 (404) 364-9400

FILED

APR 29 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/28/1995

4. FCI Number
65-0592830

5. Certificate of Status Desired ☐ Applied For ☐ Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

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