

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G08358** (5)

1. Corporation Name

VILLAGE INN OF DESTIN, INC.

Principal Place of Business

Mailing Address

**215 HIGHWAY 98
DESTIN FL 32541
US**

**215 HWY 98
DESTIN FL 32541
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
11/16/1982

3a. Date of Last Report
02/23/1995

4. FEI Number

59-2244404

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

10. Name and Address of New Registered Agent

**BENNETT, RICHARD R.
2 SECOND AVENUE
SHALIMAR FL 32579**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PD
BENNETT, RICHARD R.
#4 SECOND AVENUE
SHALIMAR FL**

1.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

#4 SECOND AVENUE

12 NAME

CITY - ST - ZIP

SHALIMAR FL

13 STREET ADDRESS

TITLE

☐ DELETE

14 CITY - ST - ZIP

NAME

**SD
BENNETT, BETTY J.**

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

#4 SECOND AVENUE

22 NAME

CITY - ST - ZIP

SHALIMAR FL

23 STREET ADDRESS

TITLE

☐ DELETE

24 CITY - ST - ZIP

NAME

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

☐ DELETE

3.2 NAME

CITY - ST - ZIP

☐ DELETE

3.3 STREET ADDRESS

TITLE

☐ DELETE

3.4 CITY - ST - ZIP

NAME

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

☐ DELETE

4.2 NAME

CITY - ST - ZIP

☐ DELETE

4.3 STREET ADDRESS

TITLE

☐ DELETE

4.4 CITY - ST - ZIP

NAME

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

☐ DELETE

5.2 NAME

CITY - ST - ZIP

☐ DELETE

5.3 STREET ADDRESS

TITLE

☐ DELETE

5.4 CITY - ST - ZIP

NAME

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

☐ DELETE

6.2 NAME

CITY - ST - ZIP

☐ DELETE

6.3 STREET ADDRESS

TITLE

☐ DELETE

6.4 CITY - ST - ZIP

NAME

☐ DELETE

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)