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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

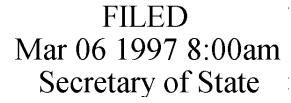
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G08358

(5)

VILLAGE INN OF DESTIN, INC.



| _ | AIAII BIBII BIBII | |
|---|-------------------|--|

| Principal Place of Business 215 HIGHWAY 96 DESTIN FL 32541 US | | Maiong Address 215 HWY 98 DESTIN FL 32541-2313 | | | | | | | |
|---|--|--|-----------------|------------|------------|--|------------|---|--|
| | | US | | | | 3. Date Incorporated or Qualified 11/16/1982 | | ite of Last)9/1996 | • |
| 2. Principal F | hace of Business | 2a. Mailing Address | ····· | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | | 59-2244404 | | | Not Applicable |
| Suite, Apt 22 | #, Glc | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | | | Additional Required |
| City & Sta | le le | City & State | | | | 6. Election Campaign Financing | | \$5.0 | O May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Adde | d to Fees |
| Zip Country | | | Zip Country | | | 8. This corporation has liability for intangible tax under s. 199.00 | | | s. 199.032 |
| 24 | 25 | [29] | 30 | T | | | | _ No | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | 9. Name and Address of Curre | ent Hegistereo Agent | | 81 | Name | 10. Name and Address of New Re | gistereo / | √ðeur | |
| | NETT, RICHARD R. | | | | Ivante | | | | |
| | ECOND AVENUE | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | ie) | | |
| SHA | ALIMAR FL 32579 | | | 83 | | | | *************************************** | |
| | | | | 03 | | | | | |
| | | | | 84 | City | | FL | 85 Zu | p Code |
| office or agent. Li SIGNATURE | ard familiar with land accept the obli- Signary, specially ambrainent rightered a | gations of, Section 607.050 | 5, Florida Stat | tutes. | | ation's board of directors. I hereby accessions bearings | DATE | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | |
| Title | PD | ☐ DELETE | 1111 | TLE | | | | L Change | e 🛄 Addition |
| HAME | BENNETT, RICHARD R | | 1.2 N/ | AME | 1 | | | | |
| STREET ADDRESS | #4 SECOND AVENUE | | 1351 | TREET A | ADDRESS | | | | |
| CFY-\$1-7P | SHALIMAR FL | D pri rre | | TY-ST | - ZIP | | | | Fil 23.66 |
| Till (F | SD DENNICTY DETTY I | ☐ DELETE | | | | | | LI Change | e 🔲 Addition |
| NAME | BENNETT, BETTY J. #4 SECOND AVENUE | | 22 N/ | | ******** | | | | |
| STREET ADDRESS | SHALIMAR FL | | | | ADDRESS | | | | |
| CITY - ST - ZIP THILE | STALIMAN FL | DELETE | | THE | 1 - ZIP | | ` | Change | e Addition |
| NAME | 1 | E PARTIE | 32 N/ | | | | | C. Cridings | , Emil Hodelph |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| GITY - \$1 - 24° | | | | 11Y-S | | | | | |
| 111.6 | <u> </u> | DELETE | | | - | \(\frac{1}{2}\) | | Change | e 🔲 Addition |
| NAME | • | | 4 2 N | IAME | | | | | |
| STREET ADDRESS | | | 4351 | TRÉET | ADDRESS | | | | |
| CHTY - ST - Ziii ⁿ | Ì | | 4.4 CI | ITY - ST | r-ziP | | | | |
| 101.6 | i | DELETE | | ********** | | | .,., | Change | e 🔲 Addition |
| 44564 | · • | | 52 N | AME | | | | | |
| STREET ADDRESS | | | 53 \$3 | REET A | ADDRESS | | | | |
| CFTY - S1 - 70P | | | | 11Y- S7 | r-ZIP | | | | |
| 701.6 | | DELETE | | | | | | Change | e Addition |
| NAM: | | | 62 N | AME | | | | | |
| STREET ADDRESS | | | 8381 | TREET A | ADDRESS | | | | |
| Crity - St - ZIP | | | 64 CI | ITY-ST | 1-2IP | | | | |

14. I do hereby cert by 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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.

SIGNATURE:

2/27/97

(904) 837-7513