

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

FILED

Apr 24 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G58739 (5)

1. Corporation Name

GOVERNOR'S INN, INC.



Principal Place of Business

209 S. ADAMS STREET
TALLAHASSEE FL 32301

Mailing Address

209 S. ADAMS STREET
TALLAHASSEE FL 32301-1720

3. Date Incorporated or Qualified

09/08/1983

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2319748

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHILES, LAWTON M., III
2802 RABBIT HILL RD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

Lindner, William

82 Street Address (P.O. Box Number is Not Acceptable)

839 Lake Ridge Dr.

83

84 City

Tallahassee

FL

85

32312

11. Pursuant to the provisions of Sections 607.002 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 agree to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent or director, as applicable)

W.H. LINDNER

(NOTE: Registered Agent signature required when reinstating)

4/11/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHILES, LAWTON M., III	
STREET ADDRESS	2802 RABBIT HILL RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LINDNER, WILLIAM H.	
STREET ADDRESS	839 LK RIDGE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CHILES, KATHERINE O.	
STREET ADDRESS	2802 RABBIT HILL RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chiles, Lawton M., III	
1.3 STREET ADDRESS	319 Windsor Terr.	
1.4 CITY-ST-ZIP	Ridgewood, NJ 07450	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Chiles, Katherine O.	
3.3 STREET ADDRESS	319 Windsor Terr.	
3.4 CITY-ST-ZIP	Ridgewood, NJ 07450	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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; that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an address listed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.H. LINDNER

Date

Daytime Phone #

0045048

CR2E034 (9/96)