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 # **G63756** **(2)**

1. Corporation Name

LA BRISA MOTOR INN, INCORPORATED

Principal Place of Business

6101 HOWARD RD. #101D
PANAMA CITY FL 32404

Mailing Address

P. O. BOX 10133
PANAMA CITY FL 32404
US

3. Date Incorporated or Qualified: **10/05/1983**

3a. Date of Last Report: **02/08/1995**

4. FEI Number: **59-2341484** ☐ 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 may qualify for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City, State
24 Zip 25 County

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City, State
29 Zip 30 County

9. Name and Address of Current Registered Agent

CREWS, JAMES H
6138 E. HWY. 98
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

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 607.0501 and 607.1505, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CREWS, JAMES H	
STREET ADDRESS	6138 E. HWY 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	STD	☐ DELETE
NAME	NICEWONDER, CALVIN	
STREET ADDRESS	1699 S. GAY AVE. #308	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, complete, and current; that, 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 added above. Email address:

SIGNATURE: _____ 3/26/96 (904) 871-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number