FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G73925 (1)

1. Corporate Name
EXECUTIVE LODGE, INC.

Principal Place of Business
~~US 90 W & I-75~~
PO BOX 2817
LAKE CITY FL 32055

Mailing Address
~~US 90 W & I-75~~
PO BOX 2817
LAKE CITY FL 32055

3. Date Incorporated or Qualified: 12/09/1983
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 600 Hall of Fame Drive
Suite Apt # or
22 P. O. Box 2817
City & State
23 Lake City, Fl
24 32056 25 County

2a. Mailing Address
26 Hall of Fame Drive
Suite Apt # or
27 P. O. Box 2817
City & State
28 Lake City, Fl
29 32056 30 County

4. FEI Number: 59-2368393
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

7. Is this corporation required to file a report under Section 607.1602, Florida Statutes? XX Yes ☐ No

9. Name and Address of Current Registered Agent
SUMMERS W L
US 90 WEST & I-75 BOX 2817
LAKE CIEY FL 32055

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
600 Hall Fame Drive P. O. Box 2817
83
Lake City, Fl 32056
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. The business address of the registered agent and the registered office is identical. The registered agent has agreed to act in this capacity. I further accept the appointment as registered agent and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	SUMMERS, W L
STREET ADDRESS	US 90 WEST & I-75
CITY, STATE, ZIP	LAKE CITY, FL 00000
TITLE	DP
NAME	PATEL, MAHENDRA G
STREET ADDRESS	RT 13 BOX 1077
CITY, STATE, ZIP	LAKE CITY, FL 00000

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Add/Delete

14. I hereby certify that the information contained herein, including, without limitation, the information contained in the annual report, to the extent required by Section 607.1602, Florida Statutes, is true and accurate and that I am a director or officer of the corporation or other person authorized to execute this report on behalf of the corporation as required by Section 607.1602, Florida Statutes, and that my name appears above, or on an attachment with an arrow.

W. L. Summers

SIGNATURE: W R Summers 4/25/95 904-755-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006348 CP