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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H07559 (8)

1. Corporation Name

VILLAGE INN, INC.



Principal Place of Business

Mailing Address

P.O. BOX 36
MINNEOLA FL 34755

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MINNEOLA FL 34755

3. Date Incorporated or Qualified
06/13/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 506 US HWY 27

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 MINNEOLA FLA

28 City & State

24 34755 25 LAKE

29 Zip

Country

30 Zip

4. FEI Number
59-2423305

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

BLANCHETTE, RAYMOND
506 U.S. HIGHWAY 27
MINNEOLA FL 34755

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 607.1509, 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 the corporation)

(Name - Registered Agent's signature and date when accepted)

(Date)

12. OFFICERS AND DIRECTORS

1.1 TITLE P ☐ DELETE
1.2 NAME BLANCHETTE, RAYMOND
1.3 STREET ADDRESS 506 U.S. HIGHWAY 27
1.4 CITY - ST - ZIP MINNEOLA FL

2.1 TITLE ST ☐ DELETE
2.2 NAME BLANCHETTE, JEAN
2.3 STREET ADDRESS 506 U.S. HIGHWAY 27
2.4 CITY - ST - ZIP MINNEOLA FL

3.1 TITLE VP ☐ DELETE
3.2 NAME MARTIN, JAMES D
3.3 STREET ADDRESS 208 GRASSY LAKE RD
3.4 CITY - ST - ZIP MINNEOLA FL

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE: Raymond Blanchette Pres RAYMOND BLANCHETTE

(Signature and typed or printed name of signing officer or director)

5/22/96 352-394-4857
Date Date Phone

CR2E034 (12/95)