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FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H81255

(2)

1. Corporation Name  
AMERICAN MOTELIERS, INC.

Principal Place of Business  
BOX 4033 R.R. 3  
OCKHAWAHA FL 32179

Mailing Address  
BOX 4033 R.R. 3  
OCKHAWAHA FL 32179-9803



3. Date Incorporated or Qualified  
10/14/1985

3a. Date of Last Report  
02/26/1996

4. FEI Number  
59-2646100

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUCKLOW, CHARLES  
11915 S.E. 169TH AV. RD.  
OCKHAWAHA FL 32179

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 607.0507 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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	MUCKLOW, CHARLES	
STREET ADDRESS	RT. 3, BOX 4033	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	DP	DELETE
NAME	MUCKLOW, PAMELA	
STREET ADDRESS	RT. 3, BOX 4033	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	D	DELETE
NAME	LEE, RICHARD E.	
STREET ADDRESS	615 WESTMINSTER RD.	
CITY-ST-ZIP	REISTERSTOWN MD	
TITLE	D	DELETE
NAME	LEE, MILDRED M.	
STREET ADDRESS	615 WESTMINSTER RD.	
CITY-ST-ZIP	REISTERSTOWN MD	
TITLE	D	DELETE
NAME	D'ARCY, LOUISA R.	
STREET ADDRESS	1820 SOUTH A1A	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLES MUCKLOW

2/17/97

352 288 0251

CR2E034 (9/96)