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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J32085 (9)

1. Corporation Name
LEESBURG MOTEL INVESTMENT, INC.



Principal Place of Business
1115 W NORTH BLVD.
LEESBURG FL 32748

Mailing Address
1115 W NORTH BLVD.
LEESBURG FL 34748-3916

3. Date Incorporated or Qualified
09/02/1986

3a. Date of Last Report
04/02/1996

2. Principal Place of Business
21 4040 W SILVER SPRINGS BLVD

2a. Mailing Address
26 4040 W SILVER SPRINGS BLVD

4. FEI Number
59-2726263

Applied For
Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 OCALA, FL

City & State
28 OCALA, FL

Zip
24 34482

Country
25 U.S.A.

Zip
29 34482

Country
30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAROLIA, JANAK S.
1115 W NORTH BLVD.
LEESBURG FL 32748

81 Name
Marolia, Mahesh S.

82 Street Address (P.O. Box Number is Not Acceptable)
1218 NE 12th St.

83

84 City
Ocala

FL

85 Zip Code
34470

11. Pursuant to the provisions of Sections 607.0502 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
MAHESH S. MAROLIA, DIRECTOR 3-3-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MAROLIA, JANAK S. 2701 REGAL POINT PL EUSTIS FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DIRECTOR MAROLIA, MAHESH S. 1218 NE 12th St. OCALA, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DESAI, THAKOR C. 1115 W NORTH BLVD. LEESBURG FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HUFF, DAVID L., SR. 1115 W NORTH BLVD. LEESBURG FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLOWAY, ROBERT L. 1115 W NORTH BLVD. LEESBURG FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Marolia, Mahesh S. 1218 NE 12th St. OCALA, FL 34470	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MAHESH S. MAROLIA* 3/3/97 352-629-8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP2E034 (9/96)