

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39264

FILED  
Apr 10, 2012  
Secretary of State

Entity Name: OCALA INNS, INC.

**Current Principal Place of Business:**

100 SYLVAN DRIVE  
SUITE 280  
ST SIMONS ISLANDS, GA 31522 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20287  
ST SIMONS ISLAND, GA 31522 US

**New Mailing Address:**

FEI Number: 59-2744211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILDRETH, FERN S  
11 SE TEAK LOOP LANE  
OCALA, FL 34472 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ZELL, HAROLD E  
Address: 101 WORTHING RD  
City-St-Zip: ST SIMONS ISLAND, GA 31522 US

Title: SD  
Name: ZELL, HAROLD D  
Address: 100 SYLVAN DRIVE, SUITE 280  
City-St-Zip: ST SIMONS ISLAND, GA 31522 US

Title: TR  
Name: ZELL, CARLA H  
Address: 100 SYLVAN DRIVE, SUITE 280  
City-St-Zip: ST. SIMONS ISLAND, GA 31522 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HAROLD D. ZELL

SD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date