

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tandra B. Markan  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

COMM - 1 APR 26 1995

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # **J46069**

(7)

**BALDWIN MOTELS, INC.**

Business Office Telephone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
**U.S. 90 WEST - U.S. 90 WEST**  
**P.O. BOX 2817 P.O. BOX 2817**  
**LAKE CITY FL 32056 LAKE CITY FL 32056**

2. Principal Office Telephone: \_\_\_\_\_ 2a. Mailing Address: \_\_\_\_\_  
**21 600 Hall of Fame Drive 26 600 Hall of Fame Drive**  
 State: April 1995 Date: April 1995  
**22 P. O. Box 2817 27 P. O. Box 2817**  
 City & State: City & State:  
**23 Lake City, FL 28 Lake City, FL**  
**24 32056 25 County 29 32056 30 county**

3. Date of Incorporation (If Incorporated) **12/09/1986** 3a. Date of Last Report **05/19/1994**  
 4. Filing Status: **59-2862839**  Annual Report  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Exchange Campaign Financing:  **\$5.00 May Be Added to Fee**  
 7. Does corporation have authority for exchange for common stock?  Yes  No  
 8. Does corporation have authority for exchange for common stock?  Yes  No

9. Name and Address of Current Registered Agent  
**SUMMERS, W.L.**  
**U.S. 90 WEST**  
**LAKE CITY FL 32056**

10. Name and Address of New Registered Agent  
 81 Name: \_\_\_\_\_  
 82 Street Address (If Not Different from 9): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_ **FL** 85 Zip Code: \_\_\_\_\_

11. I, the undersigned, the president, vice president, secretary or treasurer of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation.

12. Current Registered Agent  
 Name: **P SUMMERS, W.L.**  
 Address: **US 90 W BX 2817 LAKE CITY FL**

13. Additional Registered Agents  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation.

SIGNATURE: **W. L. Summers** *W L Summers* April 25, 1995 904-755-5055  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR