


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 25 1997 8:00am
Secretary of State

| | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

DOCUMENT #

1. Corporation Name

MONRO MOTELS INC

J54538

Principal Place of Business

3240 NE 13 SE
POMPANO BCH
33062

Mailing Address

3240 NE 13 SE
POMPANO BCH
33062

3. Date Incorporated or Qualified

FEB 1987

3a. Date of Last Report

1996 03/19/96

2. Principal Place of Business

21 3240 NE 13 SE

Suite, Apt. #, etc.

22 OFFICE

City & State

23 POMPANO FLA

Zip

24 33062

Country

25 BROWARD

2a. Mailing Address

26 3240 NE 13 SE

Suite, Apt. #, etc.

27 OFFICE

City & State

28 POMPANO FLA

Zip

29 33062

Country

30 BROWARD

4. FEI Number

59-2766951

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

JULIE A SPRUCE
3240 NE 13 SE
POMPANO BCH FLA
33062

10. Name and Address of New Registered Agent

81 Name JULIE A SPRUCE
82 Street Address (P.O. Box Number is Not Acceptable) 3240 NE 13 SE
83
84 City POMPANO FL 85 Zip Code 33062

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 J. Spruce

3.17.97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------|---------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> DELETE |
| NAME | JULIE A SPRUCE | |
| STREET ADDRESS | 3240 NE 13 SE | |
| CITY - ST - ZIP | POMPANO 33062 FLA | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> DELETE |
| NAME | EM SMITH | |
| STREET ADDRESS | 3240 NE 13 SE | |
| CITY - ST - ZIP | POMPANO FLA 33062 | |
| TITLE | DIRECTOR | <input type="checkbox"/> DELETE |
| NAME | JULIE A SPRUCE | |
| STREET ADDRESS | 3240 NE 13 SE | |
| CITY - ST - ZIP | POMPANO BCH FLA 33062 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

200002123562
-03/25/97--01051--016
***165.00

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: J. Spruce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.17.97

Date

954 781 9336

Daytime Phone #

CR2E034 (9/96)