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Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE

PROFIT

Apr 14 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State 1. DIVISION OF CORPORATIONS 1998 DOCUMENT # J54538 (0)MONRO MOTELS, INC. Principal Place of Business Mailing Address 3240 NE 13TH ST 3240 NE 13TH ST POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1987 2a. Mailing Address 4. FEI Number Principal Place of Business Applied For SZYO N.E. 13 SCREET **59-276695**1 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current your Intangible Personal Property Tax due June 30. ☐ No | 25 USA | 29 5506/ 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SPRUCE, JULIE A. 3240 NE 13TH STREET 82 POMPANO BEACH FL 33062 83 84 POMPANO 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SPRUCE JULIE, ANGELA NAME 1.2 NAME 3240 NE 13 ST STREET ADDRESS 1.3 STREET ADDRESS POMPANO BCH FL 33062 CITY-ST-ZIF 1.4 CITY - S1 - ZIP DELETE Addition Change TITLE 21 TITLE SMITH, ERIC NAME 2 2 NAME 3240 NE 13 ST STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP OFFETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CH1Y - ST- ZIP DELFTE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIF 6.4 CITY - ST - Z-P 14. Thereby 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

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