

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -2 AM 8:12

DOCUMENT # L14480 (2)

1. Corporation Name

MOTT'S INDIAN RIVER LODGE, INC.

Principal Place of Business

1210 S. RIVERSIDE DR.  
P O BOX 817  
NEW SMYRNA BEACH FL 32168  
US

Mailing Address

% DON M. MOTT  
P O BOX 817  
NEW SMYRNA BEACH FL 32170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2971350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.002,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MOTT, DON M.  
1210 S. RIVERSIDE DRIVE  
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature of person changing location of registered agent and the corporation

NOTE: Registered Agent signature required when handling

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS      | CITY, ST, ZIP   |
|-------|------------------|---------------------|-----------------|
| PD    | MOTT, DON M.     | 3523 HARGILL DRIVE  | ORLANDO FL      |
| STD   | RUBY, DONNA MOTT | 1210 S RIVERSIDE DR | N SMYRNA BCH FL |
| D     | MOTT, FAYE E     | 3523 HARGILL DRIVE  | ORLANDO FL      |
|       |                  |                     |                 |
|       |                  |                     |                 |
|       |                  |                     |                 |
|       |                  |                     |                 |
|       |                  |                     |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | Change                   | Addition                 |
|-------|------|----------------|---------------|--------------------------|--------------------------|
| 11    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 12    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 13    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 14    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 21    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 22    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 23    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 24    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 31    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 32    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 33    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 34    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 41    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 42    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 43    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 44    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 51    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 52    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 53    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 54    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 61    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 62    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 63    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
| 64    |      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*Donna Mott Ruby*  
DONNA MOTT RUBY

4-27-95

904-4282491