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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M97784** (6)

1. Corporation Name
THOMAS MOTEL PROPERTIES, INC.

Principal Place of Business	Mailing Address
BOX 250 GULF BREEZE FL 32562-7250	BOX 250 GULF BREEZE FL 32562-0250

3. Date Incorporated or Qualified: 09/09/1988
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business
21 P.O. Box 4567
22 Suite, Apt. #, etc.
23 City & State: Ft. Walton Beach, FL
24 Zip: 32548 25 Country: USA

2a. Mailing Address
26 P.O. Box 4567
27 Suite, Apt. #, etc.
28 City & State: Ft Walton Beach, FL
29 Zip: 32548 30 Country: USA

4. FEI Number: 59-2904916 ☐ 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
~~THOMAS, KENT~~
~~3916 INDIA COVE~~
~~GULF BREEZE FL 32561~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1182 LIONSGATE LANE
83
84 City: GULF BREEZE FL 85 Zip Code: 32561

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: Kent Thomas - KENT THOMAS 3/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: If resigned Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSTV	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	THOMAS, KENT		1.2 NAME	
STREET ADDRESS	~~3916 INDIA COVE~~		1.3 STREET ADDRESS	1182 LIONSGATE LANE
CITY-ST-ZIP	~~GULF BREEZE FL~~		1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Kent Thomas 3/11/97 FAX 904-932-6672