FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P02028** **(9)**

1. Corporation Name

AMERICA'S BEST INNS, INC.

Principal Place of Business

1205 SKYLINE DR.
P.O. BOX 1719
MARION IL 62959

Mailing Address

1205 SKYLINE DR.
P.O. BOX 1719
MARION IL 62959

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: **05/15/1984**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **37-1132930**
☐ 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

CHRISTIAN, GARY I., ESQ.
3100 UNIVERSITY BLVD., S.
SUITE 101
JACKSONVILLE FL 32216

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 617.1502, 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 (Required) (Date Required) (FEI)

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
1 NAME	BREWER, ROBERT N.		2 NAME	
1 STREET ADDRESS	RR 3, BOX 223		3 STREET ADDRESS	
1 CITY-ST-ZIP	MARION IL		4 CITY-ST-ZIP	
2 TITLE	S	☐ DELETE	1 TITLE	☐ Change ☐ Addition
2 NAME	DELANEY, MARIE		2 NAME	
2 STREET ADDRESS	RR 3, BOX 388		3 STREET ADDRESS	
2 CITY-ST-ZIP	MARION IL		4 CITY-ST-ZIP	
3 TITLE	V	☐ DELETE	1 TITLE	☐ Change ☐ Addition
3 NAME	MONCHINO, MICHAEL		2 NAME	
3 STREET ADDRESS	1205 SKYLINE DRIVE		3 STREET ADDRESS	
3 CITY-ST-ZIP	MARION IL 62959		4 CITY-ST-ZIP	
4 TITLE	V	☐ DELETE	1 TITLE	☐ Change ☐ Addition
4 NAME	SMITH, HAROLD		2 NAME	
4 STREET ADDRESS	1205 SKYLINE DRIVE		3 STREET ADDRESS	
4 CITY-ST-ZIP	MARION IL 62959		4 CITY-ST-ZIP	
5 TITLE	VD	☒ DELETE	1 TITLE	☐ Change ☐ Addition
5 NAME	BREWER, LYNN		2 NAME	
5 STREET ADDRESS	R.R. 3 BOX 223		3 STREET ADDRESS	
5 CITY-ST-ZIP	MARION IL 62959		4 CITY-ST-ZIP	
6 TITLE		☐ DELETE	1 TITLE	☐ Change ☐ Addition
6 NAME			2 NAME	
6 STREET ADDRESS			3 STREET ADDRESS	
6 CITY-ST-ZIP			4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 with an indication or change of address.

SIGNATURE: Robert N. Brewer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Daytime Phone #)