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CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 JAN 25 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03506 (3)

1. Corporation Name

ECONOMY MOTELS OF AMERICA INCORPORATED

Principal Place of Business

755 RAINTREE DRIVE  
CARLSBAD CA 92009

Mailing Address

755 RAINTREE DRIVE  
CARLSBAD CA 92009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/26/1984

3a. Date of Last Report

03/01/1994

4. FEI Number

95-3869325

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

2b

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

NAME

WHITNEY, RONALD

STREET ADDRESS

13702 PINE NEEDLES DRIVE

CITY-ST-ZIP

DEL MAR CA

TITLE

VSD

NAME

HERRICK, DONNA M.

STREET ADDRESS

15632 LAS PLANIDERAS

CITY-ST-ZIP

RANCHO SANTA FE CA

TITLE

VT

NAME

O'CONNOR, TIMOTHY

STREET ADDRESS

14525 GARDEN ROAD

CITY-ST-ZIP

POWAY CA

TITLE

DP

NAME

HERRICK, WILLIAM C.

STREET ADDRESS

755 RAINTREE DRIVE

CITY-ST-ZIP

CARLSBAD CA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1987 STONEVIEW PLACE

1.4 CITY-ST-ZIP

BOISE, IDAHO 83702

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 19.07(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 recorder 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:

*William C. Herrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. HERRICK

1/11/95

619-438-6661