

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 21 AM 10:17

DOCUMENT # P12605 (2)

1. Corporation Name

SERVICE PROPERTIES 2000, INC.

Principal Place of Business

3930 FULTON DRIVE, N.W.
 CANTON OH 44718

Mailing Address

3930 FULTON DRIVE, N.W.
 CANTON OH 44718

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1986

3a. Date of Last Report

06/23/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

34-1453083

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

**DEBOEST, RICHARD D.
 1415 HENDRY STREET
 FT. MYERS FL 33901**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

S
THOMAS, GREGORY
 3930 FULTON DRIVE NW
 CANTON OH

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TPD
THOMAS, J. LOUIS
 3930 FULTON DR., NW
 CANTON OH

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

D
THOMAS, JOSEPH
 3930 FULTON DR., NW
 CANTON OH

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

Change Addition

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 110.07(3)(k), 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: *[Signature]*
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/95

(216) 492-8600

CR2E034 (3/95)