

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-05-1999 90004 022 ***150.00

DOCUMENT # P12605

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

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 owes the current year Intangible Personal Property Tax. Yes No

Principal Place of Business	2a. Mailing Address
26	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	27
City & State	City & State
28	28
Zip Country	Zip Country
25	30

9. Name and Address of Current Registered Agent

PARRISH, JON D.
PARRISH & MOORE PA
2171 PINE RIDGE RD
NAPLES FL 34109

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

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

2. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	S THOMAS, GREGORY
STREET ADDRESS	3930 FULTON DRIVE NW
CITY-ST-ZIP	CANTON OH
TITLE	<input type="checkbox"/> DELETE
NAME	TPD THOMAS, J. LOUIS
STREET ADDRESS	3930 FULTON DR., NW
CITY-ST-ZIP	CANTON OH
TITLE	<input type="checkbox"/> DELETE
NAME	D THOMAS, JOSEPH
STREET ADDRESS	3930 FULTON DR., NW
CITY-ST-ZIP	CANTON OH
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I 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, with all other like empowered.

SIGNATURE _____ SIGNATURE REQUIRED **Thomas** 1/18/99 330-492-8600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)