

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P14131

1. Corporation Name

INNKEEPER'S MOTOR LODGE, INC.

Principal Place of Business

110 N HOLIDAY DR  
P.O. BOX 7006  
MACON GA 31210  
US

Mailing Address

PO BOX 7006  
P.O. BOX 7006  
MACON GA 31298  
US

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

9. Name and Address of Current Registered Agent

CHISHOLM, JOHN E.  
SUITE 310  
SOUTHEAST BANK BUILDING  
NEW SMYRNA BEACH FL 32069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1987

4. FEI Number

58-0965264

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

9. Name and Address of Current Registered Agent

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 CD  
NAME JONES, CHARLES H.  
STREET ADDRESS 110 HOLIDAY N DR  
CITY-ST-ZIP MACON GA

☒ DELETE

TITLE PD  
NAME JONES, DWIGHT C  
STREET ADDRESS 110 HOLIDAY DRIVE NORTH  
CITY-ST-ZIP MACON GA

☒ DELETE

TITLE VD  
NAME WARD, JAN  
STREET ADDRESS 110 HOLIDAY DR  
CITY-ST-ZIP MACON GA

☒ DELETE

TITLE VD  
NAME AUSMUS, JAMES T  
STREET ADDRESS 110 HOLIDAY DRIVE NORTH  
CITY-ST-ZIP MACON GA

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD  
1.2 NAME Jones, Charles H.  
1.3 STREET ADDRESS 131 Holiday North Drive  
1.4 CITY-ST-ZIP Macdon, GA 31210

☒ Change

☐ Addition

2.1 TITLE PD  
2.2 NAME Jones, Dwight C.  
2.3 STREET ADDRESS 131 Holiday North Drive  
2.4 CITY-ST-ZIP Macdon, GA 31210

☒ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

001433