

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P40112 (5)

1. Corporation Name
PENTAL INNS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:29

Principal Place of Business
217 WEST MAIN STREET
GALLATIN TN 37066

Mailing Address
217 WEST MAIN STREET
GALLATIN TN 37066

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/19/1992	3a. Date of Last Report 05/24/1994
4. FEI Number 65-1507051	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	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Zip	29. Zip
Country	Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, LOEN	1.2 NAME	
STREET ADDRESS	217 WEST MAIN STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	GALLATIN TN	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, RICHARD L.	2.2 NAME	
STREET ADDRESS	217 WEST MAIN STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	GALLATIN TN	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	MARLOWE, BOB	3.2 NAME	
STREET ADDRESS	217 WEST MAIN STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	GALLATIN TN	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 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: Bob Marlowe Bob Marlowe, Treasurer 1-12-95 615-452-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Please)