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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000000097 (4)

MJM INNS, INC.

## FILED Apr 24 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 3817 DEL PRADO BOULEVARD 3817 DEL PRADO BOULEVARD CAPE CORAL FL 33904 CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1992 2. Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable 26 <u>65-0376678</u> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country  $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOBERLY, MARY JEANNE 3817 DEL PRADO BLVD Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 City 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 (NO1L Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE D 1.1 TITLE Change Addition NAME MOBERLY, LARRY E 1.2 NAME 3817 DEL PRADO BLVD STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 1,4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MOBERLY, MARY JEANNE NAME 2.2 NAME 3817 DEL PRADO BLVD STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 on an attachment with an address

4/12/08 (941) 542 -0061