FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015794 (8)

1. Corporation Name
AGUSTIN INN, INC.

Principal Place of Business
P O BOX 1536
ST AUGUSTINE FL 32085

Mailing Address
P O BOX 1536
ST AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: NA

2. Principal Place of Business: 29 Cuna St, St. Aug 32084
2a. Mailing Address: 29 Cuna St, St. Aug. 32084
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number: 59-3233-841 ☐ 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
CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
Name: THOMAS E. CUSHMAN
Street Address (P.O. Box Number is Not Acceptable): 95 MAGNOLIA DR
City: ST. AUGUSTINE FL Zip Code 32084

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] 4/26/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUSHMAN, THOMAS E
STREET ADDRESS	817 MAGNOLIA DR
CITY-ST-ZIP	ST AUGUSTINE FL 32084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/V THOMAS E. CUSHMAN	☒ Change ☐ Addition
NAME / STREET ADDRESS	95 MAGNOLIA	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	D/P	☐ Change ☒ Addition
NAME	VANCESA CUSHMAN	
STREET ADDRESS	95 MAGNOLIA DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	

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.

SIGNATURE: [signature] 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0007066 CP