

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

APPROVED
AND
FILED

DOCUMENT # **P94000023664 (3)**

95 MAR -3 AM 8:45

1. Corporation Name
LAMAR HOTEL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**409 WEST CENTRAL BLVD.
ORLANDO FL 32801**

Mailing Address
**409 WEST CENTRAL BLVD.
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/29/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc

State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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4. FEI Number
59-3293947

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

10. Name and Address of New Registered Agent

**LINDBLOM, GRACE C
409 WEST CENTRAL BLVD.
ORLANDO FL 32801**

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 of present agent, registered agent and the corporation)

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

12. TITLE: **D**
NAME: **MEINER, CHARLES E**
STREET ADDRESS: **203 N. LUCERNE CIRCLE EAST**
CITY-ST-ZIP: **ORLANDO FL 32801**

11. TITLE: Change Addition
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

12. TITLE: **D**
NAME: **MEINER, SAM C**
STREET ADDRESS: **211 NORTH LUCERNE CIRCLE EAST**
CITY-ST-ZIP: **ORLANDO FL 32801**

15. TITLE: Change Addition
16. NAME
17. STREET ADDRESS
18. CITY-ST-ZIP

12. TITLE: **D**
NAME: **LINDBLOM, GRACE C**
STREET ADDRESS: **1000 LAKE ADAIR BLVD.**
CITY-ST-ZIP: **ORLANDO FL 32804**

19. TITLE: Change Addition
20. NAME
21. STREET ADDRESS
22. CITY-ST-ZIP

12. TITLE: **D**
NAME: **CRAWFORD, J H**
STREET ADDRESS: **320 EAST 51ST STREET**
CITY-ST-ZIP: **NEW YORK NY 10022**

23. TITLE: Change Addition
24. NAME
25. STREET ADDRESS
26. CITY-ST-ZIP

12. TITLE: **D**
NAME: **GREENE, BOBBY E**
STREET ADDRESS: **222 SOUTH GLENWOOD AVENUE**
CITY-ST-ZIP: **ORLANDO FL 32803**

27. TITLE: Change Addition
28. NAME
29. STREET ADDRESS
30. CITY-ST-ZIP

12. TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

31. TITLE: Change Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not comply for the description stated in Section 110 (2)(b), Florida Statutes. I further certify that the information furnished 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 personally. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on the certificate of incorporation, articles of amendment, or on an attachment thereto.

SIGNATURE: *Charles E. Meiner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407.899.6568
TALLAHASSEE