2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT# P94000027590

1. EntityName
DAVISHIGHWAYMOTEL,INC.

PrincipalPlaceofBusiness	MailingAddress
7325 N. DAVIS HWY. PENSACOLA, FL 32514 US	P O BOX 5566 DOTHAN, AL 36302

04082004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
58-2115804
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

CTCORPORATIONSYSTEM
1200SPINEISLANDRD
PLANTATION,FL33324

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typeorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgent'ssignaturerequiredwhere Instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

000000122516
04/21/04-80031-018 150.00

10. OFFICERSANDDIRECTORS

TITLE	P
NAME	BLUMBERG,LARRYG
STREETADDRESS	POBOX5566N/A
CITY-ST-ZIP	DOTHAN,AL
TITLE	TS
NAME	BLUMBERG,RICHARDH.
STREETADDRESS	POBOX5566N/A
CITY-ST-ZIP	DOTHAN,AL
TITLE	V
NAME	HOLLIS,HAYNE
STREETADDRESS	POBOX5566N/A
CITY-ST-ZIP	DOTHAN,AL
TITLE	D
NAME	LIFLAND,HELENB
STREETADDRESS	POBOX5566N/A
CITY-ST-ZIP	DOTHAN,AL36302
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Blumberg 4-16-04 (334)793-6855
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date Day'stimePhone#