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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000068280 (4)**

1. Corporation Name

ACCOMMODATIONS UNLIMITED II, INC.

Principal Place of Business	Mailing Address
1125 US HWY 98 SOUTH. SUITE ~~101~~ 200 LAKELAND FL 33801	1125 US HWY 98 SOUTH. SUITE ~~101~~ 200 LAKELAND FL 33801

3. Date Incorporated or Qualified: **09/14/1994**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business
21
22 Suite, Apt. #, etc: Suite 200
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc: Suite 200
28 City & State
29 Zip
30 Country

4. FEI Number: **59-3273186** ☐ 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

MILBRATH, L. MICHAEL
1301 NE 14TH ST.
OCALA FL 34470 Deceased

10. Name and Address of New Registered Agent

81 Name: Joseph P. St. John
82 Street Address (P.O. Box Number is Not Acceptable): 1125 US Highway 98 So #200
83
84 City: Lakeland FL 85 Zip Code: 33801

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: Joseph P St John DATE: 2/6/96

(NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAREY, JAMES E III 1125 US HWY 98 SOUTH, SUITE ~~101~~ 200 LAKELAND FL 33801 ☐ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☒ Change ☐ Addition Suite 200
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ST. JOHN, JOSEPH P 1125 US HWY 98 SOUTH, SUITE ~~101~~ 200 LAKELAND FL 33801 ☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☒ Change ☐ Addition Suite 200
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 119.07(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 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: Joseph P St John Joseph P. St. John 2/6/96 (941) 682-6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #