

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000082225 (1)

1. Corporation Name

DON & JUDY INN, INC.



Principal Place of Business

656 BEACH DRIVE, N.E.
ST. PETERSBURG FL 33701

Mailing Address

276 7TH AVE., NE
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified
11/03/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 1100 Beach Dr. NE

26 1100 Beach Dr. NE
St. Petersburg, FL 33701

4. FEI Number
65-0536933

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 St. Petersburg, Florida

28 St. Petersburg, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33701

25 U.S.A.

29 33701

30 U.S.A.

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

HOLMES, DONALD P
656 BEACH DRIVE, N.E.
ST. PETERSBURG FL 33701

81 Name Donald P. Holmes

82 Street Address (P.O. Box Number is Not Acceptable)
1100 Beach Drive N.E.

83

84 City St. Petersburg FL 85 Zip Code 33701

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE PD ☒ Change ☐ Addition

NAME HOLMES, DONALD P
STREET ADDRESS 276 7TH AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33701

1.2 NAME HOLMES, DONALD P.
1.3 STREET ADDRESS 1100 Beach Drive N.E.
1.4 CITY-ST-ZIP St. Petersburg, FL 33701

TITLE VPD ☐ DELETE

2.1 TITLE VPD ☒ Change ☐ Addition

NAME HOLMES, JULY
STREET ADDRESS 276 7TH AVE. NE
CITY-ST-ZIP ST. PETERSBURG FL 33701

2.2 NAME HOLMES, JUDITH G.
2.3 STREET ADDRESS 1100 Beach Drive N.E.
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

3.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

6.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 813-821-4322
Date Daytime Phone #

CR2E034 (12/95)