

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000082571

1. Corporation Name

SERVICO HOTELS III, INC.

Principal Place of Business

1601 BELVEDERE RD.
SUITE 501
WEST PALM BEACH FL 33406

Mailing Address

1601 BELVEDERE RD.
SUITE 501
WEST PALM BEACH FL 33406

2. Principal Place of Business

21 Suite 3445 Peachtree Rd. NE
22 Suite 700
23 City Atlanta, GA 30326
24 Zip
25 Country

2a. Mailing Address

26 3445 Peachtree Rd. NE
27 Suite 700
28 City Atlanta, GA 30326
29 Zip
30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and form if applicable

(NOTE: Registered Agent Signature Required When Reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☒ DELETE

NAME BUDEMETER, DAVID
STREET ADDRESS 1601 BELVEDERE ROAD 501 S
CITY-ST-ZIP WEST PALM BEACH FL 33406

11 TITLE ☒ DELETE

NAME HALE, PHILIP
STREET ADDRESS 1601 BELVEDERE RD. 501S
CITY-ST-ZIP W PALM BCH FL 33406

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME PRES

13 STREET ADDRESS Robert Flanders

14 CITY-ST-ZIP 3445 Peachtree Rd. NE Suite 700

21 TITLE Atlanta, GA 30326

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP VST

31 TITLE Mark Rafuse

32 NAME 3445 Peachtree Rd. NE Suite 700

33 STREET ADDRESS Atlanta, GA 30326

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

FILED

SEP 29 PM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1994

4. FEI Number

65-0535344

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Flanders 4/28/99 (404) 364-9400

0034124

CR2E034 (11/98)