

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006955 (5)

1. Corporation Name

ST. PETE INNKEEPERS, INC.

Principal Place of Business

Mailing Address

1767 N. CONGRESS AVE.
BOYNTON BEACH FL 33426

1767 N. CONGRESS AVE.
BOYNTON BEACH FL 33426

FILED

96 NOV 22 PM 2:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

9/6/00

2. Principal Place of Business

2a. Mailing Address

21 1100 CENTEN BLVD

26 1 CATE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE C-9

27 SUITE 3

City & State

City & State

23 DELRAY BEACH, FL

28 PORTSMOUTH, NH

Zip

Country

Zip

Country

24 33444

25

29 03801

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
01/19/1995

3a. Date of Last Report

4. FEI Number
59-3291316

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

10. Name and Address of New Registered Agent

81 Name

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

700002013367--7

83

-11/26/96--01002--003

84

City

***375.00 ***375.00

FL

25 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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

11-22-96

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME AKRIDGE, DAVID
STREET ADDRESS 1767 N. CONGRESS AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AKRIDGE, DAVID
1.2 NAME
1.3 STREET ADDRESS 1 CATE ST, SUITE 3
1.4 CITY-ST-ZIP PORTSMOUTH, NH 02801

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report, or in an attached statement.

SIGNATURE: [Signature] DATE: 9/6/00 DAYTIME PHONE: 608-433-9942