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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000070633 (9) **DOCUMENT #** 1. Corporation Name

WE TUCK'EM INN, INC.

Principal Place of Business

Mailing Address



ST. CLOUD FL 34769			ST. CLOUD FL 34769						
								3. Date incorporated or Qual-fied 3a. Date of Las 09/13/1995	Report
2. Prinopal Pla	ice of Business		2a. Mai	ing Address				4. FET Number	Applied For
]			26					59-3356957 Not Applicat	
Suite, Apt #, etc.			Suite, Apt. #, etc					I S Lightinate of Status Desired ( I 7 ***	75 Additional e Required
City & State			Oty	& State					.00 May Be ded to Fees
Zφ	Co	ountry	Zip		Cou	etry		8. This corporation has liability for intangible tax unde	s 199.032
4	25		29		30		·	Florida Statutes Yes Von	
	9. Name and A	ddress of Current I	Registere	d Agent				10. Name and Address of New Registered Agent	
						81	Name		
REILLY, ANNE M 8443 W. 13TH ST.					82 Street Ad		Street A	Address (P.O. Box Number is Not Acceptable)	•
						83			
ST. CLO	UD FL 34769								
						84	City	FL  85	Zip Code
SIGNATURE		obligations of, Soction						Doard of directors. Thereby accept the appointment as registe	
12.	Signature, typed or brillion	OFFICERS AND			13.	70, 100	rsg acic e	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
ITLE	PD			DELETE	1 1 1	ITLF	<u>1</u>	Chan	ge 🔲 Addition
IAME	REILLY, ANN	E M			1.2 NA	AME			
STREET ADDRESS 3443 WEST 13TH STREET					13SI	TREET	ADDRESS		
CITY-ST-ZIP	ST. CLOUD I	FL 34769			1.4.CI	IIY-S	1 - <b>7</b> 16		
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				☐ DELETE	2 1 Ti 2 2 Na			PETER M RELLY	ge 🔯 Addition
TITLE Name Street address				☐ DELETE	2 2 N	AME	ADDRESS	PETER M RELLY	ge 🔀 Addition
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centry 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 AND TYPED OR PRINTED NAME OF SIGNING FICER OR DIRECTOR