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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000070633 (9)

WE TUCK'EM INN, INC.

Principal Place of Business

Mailing Address

3443 WEST 13TH STREET ST. CLOUD FL 34769 3443 WEST 13TH STREET ST. CLOUD FL 34769-4052

## FILED May 16 1997 8:00am Secretary of State



ST. CLOUD FL	34769	ST. CLOUD FL 34769-4052	ST. CLOUD FL 34769-4052						
					3. Date Incorporated or Qualified 09/13/1995	3a. Date of Last Report 05/01/1996			
	lace of Business	28. Mailing Address		2/1/	4. FEI Number		Ap	plied For	
21 343	<del></del>	26 PO BOX 7	02	<u> 367</u>	59-3356957			t Applicable	
Suite, Apt.		ST CLOUD-			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	9	City & State 28 34770 -	236	4	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added		
Zip 24	Country 25	Zip 30	Country	/		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes \( \text{Yes} \) No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered A	Agenl	· · · · · · · · · · · · · · · · · · ·	
REIL	LY, ANNE M		81	Name					
	3 W. 13TH ST.		82	Street	Address (P.O. Box Number is Not Acceptab	le)			
ST. (	CLOUD FL 34769				Address (P.O. Box Number is Not Acceptable 13 1 4 STR	EET			
ĺ		•	83	1				İ	
			84	City		FL	<b>85</b> Zip (	Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	iorized b	v the corp	corporation submits this statement for the population's board of directors. I hereby acceptions	ourpose of of the appo	changing it pintment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOTE Re	egistered Ag	ent a gnature	required when reinstaling)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PD DOWN AND A	☐ PELETE	1.1 TITLE		,		Change	Addition	
NAME	REILLY, ANNE M 3443 WEST 13TH STREET		1.2.NAME		3439 13TH STRE	ファー			
STREET ADDRESS	ST. CLOUD FL 34769		!	ADDRESS ;	3737 13 376				
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY-1 2.1 TITLE	ST-ZIP			Change	Addition	
NAME	REILLY, PETER M	□ beter	2.1 INLE						
STREET ADDRESS	102 BLACKBERRY CREEK DR			F ADDRESS	1406 CHISHOLM RI	D6C	COURT		
CITY-ST-ZIP	ST CLOUD FL 34769		2.4 CHY-		ST CLOUD- FL 347	71			
TITLE		DELFTE	3.1 TITLE	D1 111			Change	Addition	
NAME			3.2 NAME					,	
STREET ADDRESS		,	3.3 STREE	1 ADDRESS	·			Ì	
CITY-ST-ZIP			3.4.:CITY-	ST-ZIP					
TITLE		DELETE	4 1 Intle				Change	Addition	
NAME			4 2 NAME					\	
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5	S1 - ZIP			Change	Addition	
NAME		L) puric	5.2 NAME				CT ounde	☐ Vooiii0ii	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		•	5.4 CITY-1						
TITLE		DELETE	61 TITLE	31 - 611	·		Change	Addition	
NAME			6.2 NAME	'			-		
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP			6.4 ¢(1) · :	\$1 - ZIP					

4. I do 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 eath, 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.

IGNATURE ON SIGNACURINARY OF CHAINEM, REILLY 4/30/97 402-957-3443