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 # **P95000089570 (2)**

1. Corporation Name
TRAVEL INN OF PASCO, INC.

Principal Place of Business
~~1131 U.S. HWY. 19~~
~~HOLIDAY FL 34691~~
7532 U.S. HWY 19
N.P.R. FL-34652

Mailing Address
1131 U.S. HWY. 19
HOLIDAY FL 34691

3. Date Incorporated or Qualified: 11/22/1995
3a. Date of Last Report: N/A —
4. FEI Number: 59-3344359 — 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

2. Principal Place of Business
21 7532 U.S. HWY 19
22 Suite, Apt. #, etc. —
23 City & State: New Port Richey
24 Zip: 34652
25 Country: U.S.A

2a. Mailing Address
26 1131 U.S. HWY 19
27 Suite, Apt. #, etc. —
28 City & State: HOLIDAY
29 Zip: 34691
30 Country: U.S.A

9. Name and Address of Current Registered Agent
D
PATEL, DINESHBHAI K PATEL
1131 U.S. HWY. 19
HOLIDAY FL 34691

10. Name and Address of New Registered Agent
81 Name: NONE
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip 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: D Patel (DINESHBHAI K PATEL (PRESIDENT) — 5-17-96 DATE
(Signature typed or printed name of resident agent or title of officer)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	DINESHBHAI K PATEL	
STREET ADDRESS	1131 U.S HWY 19	
CITY-ST-ZIP	HOLIDAY, FL-34691	
TITLE	TREASURER	☐ DELETE
NAME	KAILASBEN D PATEL	
STREET ADDRESS	1131 U.S HWY 19	
CITY-ST-ZIP	HOLIDAY, FL-34691	
TITLE	SECRETARY	☐ DELETE
NAME	KAILASBEN D PATEL	
STREET ADDRESS	1131 U.S HWY 19	
CITY-ST-ZIP	HOLIDAY, FL-34691	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D Patel DINESHBHAI K PATEL (President) 5-17-96 (813) 849-4318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

0385962 CP