

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000089570 1. Corporation Name TRAVEL INN OF PASCO, INC.			
Principal Place of Business 7532 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652 US		Mailing Address 1131 U.S. HWY. 19 HOLIDAY FL 34691	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 11/22/1995		4. FEI Number 59-3344359	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent PATEL, DINESHBHAI K 1131 U.S. HWY. 19 HOLIDAY FL 34691		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	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)			
12. OFFICERS AND DIRECTORS ☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, DINESHBHAI K 1131 US HWY 19 HOLIDAY FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, KATLASBEN D 1131 US HWY 19 HOLIDAY FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL, KATLASBEN D 1131 US HWY 19 HOLIDAY FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP	81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-99 (727) 937-8795

Date

Daytime Phone #

CR2E034 (1/98)

Dineshbhai / C Patel
c/o TOWER / INC of PISCOSMA
1131 U.S. Hwy 19
Holiday, FL 34691

To

S. E. TONE

Division of Corporations

I undersigned Dineshbhai / C Patel
is requesting to waive the late fee for
filing Profit Corporation Annual Report
because it was not my fault. When
I send it by mail, it was damaged
and found loose and sent back to
me after long time. So when I
got it back I put in new
envelope and send it to state which
was late. I am sending that
envelope care from PO office to
you. If you have any further
question, please feel free to ~~contact~~
Contact me at (727) 949-2014

Thanked

S. E. TONE

7-22-99