SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
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

96 SEP -9 AM 9:23
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000092967 (5)

1. Corporation Name

L. C. MOTELS, INC.

Principal Place of Business	Mailing Address
140 WEST MONROE STREET JACKSONVILLE FL 32202	140 WEST MONROE STREET JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 12/07/1995
3a. Date of Last Report
4. FEI Number — ✓ 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
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc. 27
City & State 28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

WILLIAMS, JAMES B
140 WEST MONROE STREET
JACKSONVILLE FL 32202

10. **Name and Address of New Registered Agent**

81 Name: ~~KIRSCHNER, MAIN, GRAHAM, TANNER + DEMONT~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~ONE INDEPENDENT DRIVE, SUITE 2000~~
83
84 City: ~~JACKSONVILLE~~ FL 85 Zip Code ~~32201~~

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: James B Williams — Date: 8/28/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WILLIAMS, JAMES B	
STREET ADDRESS	140 WEST MONROE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	James B. Williams	
1.3 STREET ADDRESS	140 W. Monroe Street	
1.4 CITY-ST-ZIP	Jacksonville Fl. 32202	
2.1 TITLE	~~D~~	☐ Change ~~☒ Addition~~
2.2 NAME	~~ROBERT KNIGHT~~	
2.3 STREET ADDRESS	~~140 W. MONROE ST~~	
2.4 CITY-ST-ZIP	~~JACKSONVILLE FL 32202~~	
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		

400001552454
-09/20/96--01020--004
****375.00 ****375.00

A. Alan 9-9-96

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: ~~Robert M. Knight Jr. Director~~ James B. Williams — 8/28/96 ~~8/27/96~~ (904) 358-5804 ~~(904) 358-8874~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)