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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000022711 (1)**

1. Corporation Name
HOMESTEAD TRAVEL CENTER, INC.

Principal Place of Business	Mailing Address
701 FISK ST SUITE 310 JACKSONVILLE FL 32204	701 FISK ST SUITE 310 JACKSONVILLE FL 32204-3378

3. Date Incorporated or Qualified: 03/08/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 8326 Bascom Road	26 8326 Bascom Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Florida	City & State 28 Jacksonville, Florida
Zip 24 32216 Country 25 US	Zip 29 32216 Country 30 US

4. FEI Number: 59-3366598 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FAIRCHILD, RONALD D 701 FISK ST SUITE 310 JACKSONVILLE FL 32204	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1000 Riverside Avenue, 83 Suite 500 84 City Jacksonville FL 85 Zip Code 32204

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	Address ☒ Change ☐ Addition
NAME	FAIRCHILD, RONALD D	1.2 NAME	
STREET ADDRESS	701 FISK ST SUITE 310	1.3 STREET ADDRESS	1000 Riverside Avenue, Suite 500
CITY-ST-ZIP	JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	☐ DELETE	2.1 TITLE	P,S,T,D ☐ Change ☒ Addition
NAME		2.2 NAME	Sam T. Salisbury
STREET ADDRESS		2.3 STREET ADDRESS	8326 Bascom Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, Florida 32216
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. 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 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: Ronald D. Fairchild 4/29/97 (904) 355-6700