

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S29985** (6)

1. Corporation Name

REGENCY INN OF PANAMA CITY, INC.

Principal Place of Business

**301 W. 23RD ST.
PANAMA CITY FL 32405**

Mailing Address

**301 W. 23RD ST.
PANAMA CITY FL 32405**



3. Date Incorporated or Qualified **02/04/1991** 3a. Date of Last Report **05/01/1995**

4. FEI Number **NOT APPLICABLE** 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 2a. Mailing Address
21 **301 W. 23rd** 26 **301 W. 23rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 **P.C. FL** 28 **P.C. FL**

24 Zip 25 Country 29 Zip 30 Country
32405 BAY 32405 BAY

9. Name and Address of Current Registered Agent

**PATEL, CHAGANLAL G.
5003 W. HIGHWAY 98
PANAMA CITY FL 32401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATEL, CHAGANLAL G.	
STREET ADDRESS	5003 W. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PATEL, SHANTILAL L.	
STREET ADDRESS	8901 W. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SHAH, PRAVINCHANDRA T.	
STREET ADDRESS	4917 W. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BANKER, SAROJ I.	
STREET ADDRESS	6319 E. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SAROJ BANKER **SAROJ BANKER** 4/22/96 871-4611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)