

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90093 042 ***150.00

DOCUMENT # S29985

1. Corporation Name
REGENCY INN OF PANAMA CITY, INC.

Principal Place of Business
301 W. 23RD ST.
PANAMA CITY FL 32405
US

Mailing Address
301 W. 23RD ST.
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1991

4. FEI Number

59-3058182

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

4-26-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PATEL, CHAGANLAL G.	
STREET ADDRESS	5003 W. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DV	<input checked="" 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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATEL, SHANTILAL L.	
1.3 STREET ADDRESS	8901 W. HIGHWAY 98	
1.4 CITY-ST-ZIP	PANAMA CITY FL 32407	
2.1 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATEL, CHAGANLAL G.	
2.3 STREET ADDRESS	5003 W. HIGHWAY 98	
2.4 CITY-ST-ZIP	PANAMA CITY FL 32401	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATEL

4-26-99

850-235-0857

Date

Daytime Phone #

CR2E034 (11/98)

0058359