

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # S37867

(6)

1. Corporation Name

HOTEL DEVELOPMENT SERVICES, INC.

95 MAY -1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8051 N TAMiami TRAIL
SUITE 19
SARASOTA FL 34243
US

Mailing Address

8051 N TAMiami TRAIL
SUITE 19
SARASOTA FL 34243
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/14/1991

3a. Date of Last Report

06/14/1994

2. Principal Place of Business

21 1290 N. PALM AVENUE
Suite, Apt. #, etc.

2a. Mailing Address

26 1290 N. PALM AVENUE
Suite, Apt. #, etc.

4. FBI Number

65-0249500

Applied For

Not Applicable

22 SARASOTA, FLORIDA
City & State

27 SARASOTA, FLORIDA
City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

34236

Country

US

29

Zip

34236

Country

US

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

BODIN, DON J.
8051 N. TAMiami TRAIL
SUITE 19
SARASOTA FL 34243

81 Name

BODIN, DON J.

82 Street Address (P.O. Box Number is Not Acceptable)

1290 N. PALM AVENUE

83

84 City

SARASOTA

FL

85 Zip Code

34236

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

Don J. Bodin

DON J. BODIN

04/27/95

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	BODIN, DON J.
STREET ADDRESS	8051 N TAMiami SUITE 19
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DPS	☒ Change ☐ Addition
1.2 NAME	BODIN, DON J.	
1.3 STREET ADDRESS	1290 N. Palm Ave.	
1.4 CITY - ST - ZIP	SARASOTA, FL 34236	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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		

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 110.07(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:

Don J. Bodin

DON J. BODIN, PRESIDENT

4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name #)

813/366-7781

034510 CP