

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

DOCUMENT # S93994 (9)
 1. Corporation Name

MACON INNKEEPERS, INC.

FILED

98 NOV 22 AM 9:35

mwb
 11-25-96

SECRETARY OF STATE



REINSTATEMENT 1996

Principal Place of Business Mailing Address
 1787 N. CONGRESS AVENUE BOYNTON BEACH FL 33426
 1787 N. CONGRESS AVENUE BOYNTON BEACH FL 33426

2. Principal Place of Business 2a. Mailing Address
 21 1100 LINTON BLVD. 26 1 CATE STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 STE C9 27 SUITE 3
 City & State City & State
 23 DELRAY BEACH, FL 28 PORTSMOUTH, NH
 Zip Country Zip Country
 24 33444 25 29 03801 30

3. Date Incorporated or Qualified 3a. Date of Last Report
 11/14/1991 04/28/1995
 4. FEI Number Applied For
 65-0294987 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
 7. This Corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
 AKRIDGE, DAVID
 1787 N. CONGRESS AVENUE
 BOYNTON BEACH FL 33420

10. Name and Address of New Registered Agent
 81 Name AKRIDGE, DAVID
 82 Street Address (P.O. Box Number is Not Acceptable) 1100 LINTON BLVD. - STE C9
 83
 84 City DELRAY BEACH FL 85 Zip Code 33444

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 *David Akridge*
 Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | AKRIDGE, DAVID | |
| STREET ADDRESS | 1787 N. CONGRESS | |
| CITY - ST - ZIP | BOYNTON BEACH FL 33426 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WALSH, MICHAEL | |
| STREET ADDRESS | 1787 N. CONGRESS AVE. | |
| CITY - ST - ZIP | BOYNTON BEACH FL 33426 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | AKRIDGE, DAVID | |
| 1.3 STREET ADDRESS | 1100 LINTON BLVD. - STE C9 | |
| 1.4 CITY - ST - ZIP | DELRAY BEACH, FL 33444 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | WALSH, MICHAEL | |
| 2.3 STREET ADDRESS | 1100 LINTON BLVD. - STE C9 | |
| 2.4 CITY - ST - ZIP | DELRAY BEACH, FL 33444 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 700002014307--2 | |
| 3.3 STREET ADDRESS | -11/26/96--01099--004 | |
| 3.4 CITY - ST - ZIP | ***375.00 ***375.00 | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in checked, or in an attachment, with the following address:

SIGNATURE: *David Akridge*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR DATE 11-25-96

CP2E034 (3/96)