

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

3. Date Incorporated or Qualified 11/14/1991	3a. Date of Last Report 04/28/1995
4. FEI Number 65-0294987	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 1100 LINTON BLVD.	2a. Mailing Address 1 CATE STREET
22. Suite, Apt. #, etc. STE C9	27. Suite, Apt. #, etc. SUITE 3
23. City & State DELRAY BEACH, FL	28. City & State PORTSMOUTH, NH
24. Zip 33444	29. Zip 05801
25. Country	30. Country

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

81. Name AKRIDGE, DAVID
82. Street Address (P.O. Box Number is Not Acceptable) 1100 LINTON BLVD - STE C9
83.
84. City DELRAY BEACH
85. FL
86. 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		DELETE
TITLE	D	<input type="checkbox"/>
NAME	AKRIDGE, DAVID	
STREET ADDRESS	1787 N. CONGRESS	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/>
NAME	WALSH, MICHAEL	
STREET ADDRESS	1787 N. CONGRESS AVE.	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	700002014307--2		
3.4 CITY - ST - ZIP	-11/26/96--01099--004		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	***375.00		
4.3 STREET ADDRESS	***375.00		
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 attached, block.

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

CP2E034 (3/96)