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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Saridra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUN	MENT # S964				
1. Corporation Name G. W. LODGING, INC.					
Principal Place of Business 110 CRESCENT DRIVE FT. MYERS FL 33919		Mailing Address 110 CRESCENT DRIVE FT. MYERS FL 33919			EA 1811 - 81011 81614 81811 86811 86811 86811 1881
				3. Date incorporated or Qualified 11/25/1991	3a. Date of Last Report 02/27/1995
2. Principal Pla 21	ce of Business	2a. Mailing Address		4. F.t. Number 65-0324760	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc		5. Cortificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<i>7</i> φ 24	Country 25		Country 30	This corporation has liability for Flooda Statutes	s
	Name and Address of Curr GRACE M.	ent negistered Agent	81 Name	10. Name and Address of New	Registered Agent
110 CRE	, GRACE M. ISCENT DRIVE RS FL 33919			ress (P.O. Box Number is Not Accepta	ble)
FI. MIC	NO FE 00818		83 84 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607 1508, Florida Statutes	s, the above named corpo	ration submits this statement for the po	urpose of changing its registered office
famil ar with	ed agent, or both, in the state or ri h, and accept the obligations of, Sa	ection 607.0505, Florida Statutes	n by the corporation's boa	rd of directors. Thereby accept the app	pointment as registered agent. I am
SIGNATURE	Synather, byted or point Trum on tregisters Light	e da descração da esta de como	т ты дэлегей Афо d sign илвология		DAN DESCRIPTION
12.	DPV\$:	[] DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
NAME:	WEAVER, GERALD		1.2 NAME		
STREET ADDRESS	110 CRESCENT DR		1 3 STREET ADDRESS		
0th - \$1 - ZiF	FORT MYERS FL		1,4 CHY \$1-7#		
THLE		☐ DELETE	2 1 TITLE		Change 🔲 Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIP THE		DELETE	2.4 C/TY - S1 - ZIP 3.1 T-H F		[] Charge [] Addition
NAME:		Поссен	3.2 NAME		Et out at a
STREET ADDRESS			3.3 STREET ADDRESS		
C-1Y-ST-7-P			3.4 C-TY - ST - ZiP		
T:1LE		DECETE	4 1 TOLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST 7P			4.4 Cify - S1 - 791		
Tr*(F		ET) DELETE	5 1 101LE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY ST ZIP THUE		DELETE	5.4 CRY - S1 - ZIP 6.1 TiTUE		Change Addition
NAM2			6.2 NAME		Charles (T) vanitali
STELL LADORESS			6.3 STREET ADDRESS		
Off St ZIP			6.4 CiTy - ST - ZIP		
14. I do hereb			shed and does not qualify:	for the exemption stated in Section 11	
				ate and that my signature shall have th is report as required by Obapter 607. I	

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 atjachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/5/96 941-482-6532

CR2E034 (12/95)