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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V37955 1. Corporation Name

BUDGET INNS OF PENSACOLA, INC.

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90143 010 ***150.00

Principal Plac	ce of Business .	Mailing Address					a eliki aran asan r	uan aian et	Er: E1E1 661
6911 PENSACO	DLA BLVD	4300 BAYOU BLVD.							
PENSACOLA FL 32505 / SUITES 12 & 13			_			DO NOT WRITE	C IN THIS SE	ACE	
US	•	PENSACOLA FL 32503 US	3				E IN Inia ar	ACE	
		Uə				3. Date Incorporated or Qualifed			
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	Place of Business	2a. Mailing Address				4. FEI Number			olied For
21		26				59-3138119			Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc				5. Certifcate of Status Desired		8.75 A Fee Red	
22		City & Chata							•
City & Sta	ite	City & State				6. Election Campaign Financing		\$5.00 to Added to	•
23		28 Zip		ountry		Trust Fund Contribution			rees
Zip	Country	Zip		Ouriu y		8. This corporation owes the curre			□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Re			
	9. Name and Address of Curre	us vediziese võest		81	Name	10. Haine and Address of Hew N	Superior HA		
FLE	MING, EDWARD P.							•••	
	O BAYOU BLVD, STE.S 12 & 13			82	Street Addr	ress (P.O. Box Number is Not Acceptate	ole)		
II .	ISACOLA FL 32503			83					
}				63					
İ				84	City		 [35 Zip C	ode
į.							EL_ `	.1.	
11. Pursuan office or agent. I	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	i02:and 607:1508; Florida S e of Florida. Such change w pations of, Section 607.0505	Statutes; the vas authoriz 5, Florida St	e above zed by that tatutes.	named corp he corporation	poration submits this statement for the poon's board of directors. I hereby accept	ourpose of cha the appointm	inging its ent as reg	registered jistered
agent. I	am familiar with, and accept the oblig Signature, typed or printed name of registered ag	pent and title if applicable.	(NOTE: Register	ered Agent		ed when reinstating)	DATE		
signature	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	pent and title if applicable. ND DIRECTORS	(NOTE: Register	ered Agent			DATE	DIRECTO	RS IN 12
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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.

6.4 CITY-\$T-ZIP

SIGNATURE:

CITY-ST-ZIP