

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40112 (5)

1. Corporation Name

SUNSHINE INNS, INC.



Principal Place of Business

Mailing Address

217 WEST MAIN STREET
GALLATIN TN 37066

217 WEST MAIN STREET
GALLATIN TN 37066

3. Date Incorporated or Qualified

08/19/1992

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed in printed name and title of officer or director

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME MOORE, BO
STREET ADDRESS 217 WEST MAIN STREET
CITY-ST-ZIP GALLATIN TN

TITLE VD ☐ DELETE

NAME JOHNSON, RICHARD L.
STREET ADDRESS 217 WEST MAIN STREET
CITY-ST-ZIP GALLATIN TN

TITLE STD ☐ DELETE

NAME MARLOWE, BOB
STREET ADDRESS 217 WEST MAIN STREET
CITY-ST-ZIP GALLATIN TN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE V ☐ Change ☒ Addition

12 NAME BUTTOLPH, JOHN
13 STREET ADDRESS 217 WEST MAIN STREET
14 CITY-ST-ZIP GALLATIN TN

21 TITLE PCD ☒ Change ☐ Addition

22 NAME MOORE, LEON
23 STREET ADDRESS 217 WEST MAIN STREET
24 CITY-ST-ZIP GALLATIN TN

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Marlowe, Secretary

6-10-96 (615) 452-7200