

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:56

DOCUMENT # **J39264** (3)
1. Corporation Name
OCALA INN, INC.

Principal Place of Business Mailing Address
300 OAK ST. B **PO BOX 21870**
ST SIMONS ISLAND GA 31522 **ST SIMONS ISLAND GA 31522**
US **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/24/1986	02/18/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2744211	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZELL, ROYALD A. 13806 CYPRESS VILLAGE CIR TAMPA FL 33624				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZELL, ROYALD A.		1.2 NAME		
STREET ADDRESS	13806 CYPRESS VILLAGE CR		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	TD		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZELL, DALE L.		2.2 NAME		
STREET ADDRESS	13806 CYPRESS VILLAGE CIR		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2.4 CITY - ST - ZIP		
TITLE	DP		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZELL, HAROLD E.		3.2 NAME		
STREET ADDRESS	101 WORTHING RD		3.3 STREET ADDRESS		
CITY - ST - ZIP	ST SIMONS ISLAND GA		3.4 CITY - ST - ZIP		
TITLE	SD		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZELL, LUCY D.		4.2 NAME		
STREET ADDRESS	101 WORTHING RD		4.3 STREET ADDRESS		
CITY - ST - ZIP	ST SIMONS ISLAND GA		4.4 CITY - ST - ZIP		
TITLE			5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE			6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 110.07(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 of the corporation; and that my signature shall have the same legal effect as if made under oath; and that my name appears in Block 12 or Block 13 of this report, or on an amendment with an address.

SIGNATURE: *Harold E. Zell* 2/16/95 9:12 638.3449
(Signature typed or printed name of signing officer or director) (Daytime Phone #)