

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J39264** (3)

1. Corporation Name  
**OCALA INN, INC.**



2. Principal Place of Business  
**300 OAK ST. B  
ST SIMONS ISLAND GA 31522  
US**

2a. Mailing Address  
**PO BOX 21870  
ST SIMONS ISLAND GA 31522  
US**

3. Date Incorporated or Qualified <b>10/24/1986</b>	3a. Date of Last Report <b>02/22/1995</b>
4. FEI Number <b>59-2744211</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City, & State	27. City, & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent

**ZELL, ROYALD A.  
13806 CYPRESS VILLAGE CIR  
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 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 I accept the obligations of, Section 607.0601, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	<b>VD</b>	<input type="checkbox"/> DELETED
2. NAME	<b>ZELL, ROYALD A.</b>	
3. STREET ADDRESS	<b>13806 CYPRESS VILLAGE CR</b>	
4. CITY, ST, ZIP	<b>TAMPA FL</b>	
5. TITLE	<b>TD</b>	<input type="checkbox"/> DELETED
6. NAME	<b>ZELL, DALE L.</b>	
7. STREET ADDRESS	<b>13806 CYPRESS VILLAGE CIR</b>	
8. CITY, ST, ZIP	<b>TAMPA FL</b>	
9. TITLE	<b>DP</b>	<input type="checkbox"/> DELETED
10. NAME	<b>ZELL, HAROLD E.</b>	
11. STREET ADDRESS	<b>101 WORTHING RD</b>	
12. CITY, ST, ZIP	<b>ST SIMONS ISLAND GA</b>	
13. TITLE	<b>SD</b>	<input type="checkbox"/> DELETED
14. NAME	<b>ZELL, LUCY D.</b>	
15. STREET ADDRESS	<b>101 WORTHING RD</b>	
16. CITY, ST, ZIP	<b>ST SIMONS ISLAND GA</b>	
17. TITLE		<input type="checkbox"/> DELETED
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold Zell* **2/12/96** **912-638-3449**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)