

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 13 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J39264 (3)**

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



Principal Place of Business <b>300 OAK ST. B ST SIMONS ISLAND GA 31522 US</b>	Mailing Address <b>PO BOX 21870 ST SIMONS ISLAND GA 31522-0970 US</b>
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3. Date Incorporated or Qualified <b>10/24/1986</b>	3a. Date of Last Report <b>02/15/1996</b>
2. Principal Place of Business 21 <b>613-B BEACHVIEW DRIVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. BOX 20287</b> Suite, Apt. #, etc.
22 City & State 23 <b>ST. SIMONS ISLAND, GA</b> Zip Country 24 <b>31522</b> 25 <b>USA</b>	27 City & State 28 <b>ST. SIMONS ISLAND, GA</b> Zip Country 29 <b>31522</b> 30 <b>USA</b>
4. FEI Number <b>59-2744211</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ZELL, ROYALD A. 13806 CYPRESS VILLAGE CIR TAMPA FL 33624</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZELL, ROYALD A.</b>	1.2 NAME	
STREET ADDRESS	<b>13806 CYPRESS VILLAGE CR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZELL, DALE L.</b>	2.2 NAME	
STREET ADDRESS	<b>13806 CYPRESS VILLAGE CIR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZELL, HAROLD E.</b>	3.2 NAME	
STREET ADDRESS	<b>101 WORTHING RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST SIMONS ISLAND GA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZELL, LUCY D.</b>	4.2 NAME	
STREET ADDRESS	<b>101 WORTHING RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST SIMONS ISLAND GA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *Harold Zell* **2/7/97** Date **912-638-3449** Daytime Phone #

CR2E034 (9/96)