DOCUMENT # J39264 1. Entity Name OCALA-INNS,-INC.			FILED Jan 11, 2001 8:00 am Secretary of State	
Principal Place of Business 613-B BEACHVIEW DR ST SIMONS ISLANDS GA 31522 US	Mailing Address PO BOX 20287 ST SIMONS ISLAND GA 315 US	522	01-11-2001 90064 048 ***150.00	
2. Principal Place of Business	3. Mailing Address	<u> </u>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State	·	4. FEI Number 59-2744211 Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent	
ZELL, ROYALD A. 3145 LAKE ELLEN DR TAMPA FL 33618			ess (P.O. Box Number is Not Acceptable)	
		2225	5 Climbing Ivy DR.	
		CityTar	mpa FL Zip Code 33618	
SIGNATURE Signature, typed or printed name of registered a 9. This corporation is eligible to satisfy its Intang Tax filing requirement and elects to do so. (See criteria on back)	ible FILE NOW!	E: Registered Agent signature rec !!! FEE IS \$150.00 101 Fee will be \$550.0 ble to Department of	.00 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD NAME ZELL, ROYALD A. STREET ADDRESS 3145 LAKE ELLEN DR CITY-ST-ZIP TAMPA FL 33618	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Addition Change Climbing Try DR. Campa, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST SIMONS ISLAND GA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST SIMONS ISLAND GA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
13. I hereby certify that the information supplied	mpowerea to execute this report	as required by Chapter	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	