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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K97220** 

(3)

RAGANS MOTEL INC. Principal Place of Business Mailing Address % JIMMIE E. RAGANS **% JIMMIE E. RAGANS** RT. 1. BOX 3330 RT. 1, BOX 3330 MADISON FL 32340 MADISON FL 32340-9433 3. Date Incorporated or Qualified 3a. Date of Last Report 06/22/1989 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2959177 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RAGANS, JIMMIE E. RT. 1, BOX 3330 Street Address (P.O. Box Number is Not Acceptable) MADISON FL 32340 83 84 City 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. Signarize topy after product name of regularized agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change THILE 1.1 TITLE RAGANS, JIMMIE E. 12 NAME NAM's RT. 1, BOX 3330 STREET ADDRESS 1.3 STREET ADDRESS MADISON FL CITY - \$1 - 7IP 1.4 City-ST-ZIP DELETE Change Addition HU DVT 2.1 TITLE RAGANS, MINNIE L. 2.2 NAME NAME RT. 1, BOX 3330 2.3 SYREET ADDRESS STREET ADORESS MADISON FL 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAMi 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - ZUE DELETE Change Addition THUE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ACORESS 4.4 CITY - ST - ZIP CITY-SI-ZP

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

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

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6.3 STREET ADDRESS

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Apr 03 1997 8:00am

Secretary of State

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