

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **291895** (1)

1. Corporation Name

INN OF LAKE CITY, INC.



Principal Place of Business

1817 CRANE RIDGE DR
P.O. BOX 16807
JACKSON MS 39216-4902

Mailing Address

1817 CRANE RIDGE DR
P.O. BOX 16807
JACKSON MS 39216-4902

2. Principal Place of Business

2a. Mailing Address

21. City, Apt. #, etc.

26. City, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/13/1965

3a. Date of Last Report
02/21/1995

4. FEI Number
59-1004836

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

NORRIS (JOHN E)
201 N MARION ST.
LAKE CITY FL 32055

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.0710, 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

12. OFFICERS AND DIRECTORS

11. TITLE	CD	<input type="checkbox"/> DELETE
12. NAME	STURDIVANT, MIKE P	
13. STREET ADDRESS	RT 1	
14. CITY, STATE	GLENDORA MS	
15. TITLE	PD	<input type="checkbox"/> DELETE
16. NAME	JONES, EARLE F.	
17. STREET ADDRESS	1817 CRANE RIDGE DR.	
18. CITY, STATE	JACKSON MS	
19. TITLE	SV	<input type="checkbox"/> DELETE
20. NAME	STURDIVANT, GAINES P.	
21. STREET ADDRESS	1817 CRANE RIDGE DR.	
22. CITY, STATE	JACKSON MS	
23. TITLE	VT	<input type="checkbox"/> DELETE
24. NAME	HART, MICHAEL J.	
25. STREET ADDRESS	1817 CRANE RIDGE DR	
26. CITY, STATE	JACKSON MS	
27. TITLE	AS	<input type="checkbox"/> DELETE
28. NAME	WINFORD, GREGORY W.	
29. STREET ADDRESS	1817 CRANE RIDGE DR.	
30. CITY, STATE	JACKSON MS	
31. TITLE		<input type="checkbox"/> DELETE

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, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I 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 supplement if 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 trustee 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:

James P. Sturdivant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James P. Sturdivant

1-30-96

601-982-7713

CR2E034 (12/95)