

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.

25.

29.

30.

9. Name and Address of Current 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.

84. City

FL

85.

Zip Code

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

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

11a. Title

CD
STURDIVANT, MIKE P
RT 1

DELETE

11b. Name

GLENDORA MS

11c. Street Address

PD
1817 CRANE RIDGE DR.
JACKSON MS

DELETE

11d. City, State

SV
STURDIVANT, GAINES P.
1817 CRANE RIDGE DR.
JACKSON MS

DELETE

11e. Title

VT
HART, MICHAEL J.
1817 CRANE RIDGE DR
JACKSON MS

DELETE

11f. Name

AS
WINFORD, GREGORY W.
1817 CRANE RIDGE DR.
JACKSON MS

DELETE

11g. Street Address

11h. City, State

11i. Title

11j. Name

11k. Street Address

11l. City, State

11m. Title

11n. Name

11o. Street Address

11p. City, State

11q. Title

11r. Name

11s. Street Address

11t. City, State

11u. Title

11v. Name

11w. Street Address

11x. City, State

11y. Title

11z. Name

11aa. Street Address

11ab. City, State

11ac. Title

11ad. Name

11ae. Street Address

11af. City, State

11ag. Title

11ah. Name

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. Title

12. Name

13. Street Address

14. City, State, Zip

15. Title

16. Name

17. Street Address

18. City, State, Zip

19. Title

20. Name

21. Street Address

22. City, State, Zip

23. Title

24. Name

25. Street Address

26. City, State, Zip

27. Title

28. Name

29. Street Address

30. City, State, Zip

31. Title

32. Name

33. Street Address

34. City, State, Zip

35. Title

36. Name

37. Street Address

38. City, State, Zip

39. Title

40. Name

41. Street Address

42. 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)