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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 291895 (1)

1. Corporation Name
INN OF LAKE CITY, INC.



Principal Place of Business Mailing Address
1817 CRANE RIDGE DR 1817 CRANE RIDGE DR
P.O. BOX 16807 P.O. BOX 16807
JACKSON MS 39216-4902 JACKSON MS 39216-4902

3. Date Incorporated or Qualified 04/13/1965
3a. Date of Last Report 02/13/1996

2. Principal Place of Business 2a. Mailing Address
21 1000 Red Fern Place 26 P.O. Box 16807
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-1004836
Applied For Not Applicable

22 City & State 27 City & State
23 Flowood ms 28 Jackson MS

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Rankin 29 39236-6807 30 Rankin

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

9. Name and Address of Current Registered Agent

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
84 City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	STURDIVANT, MIKE P	
STREET ADDRESS	RT 1	
CITY-ST-ZIP	GLENDORA MS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, EARLE F.	
STREET ADDRESS	1817 CRANE RIDGE DR.	
CITY-ST-ZIP	JACKSON MS	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	STURDIVANT, GAINES P.	
STREET ADDRESS	1817 CRANE RIDGE DR.	
CITY-ST-ZIP	JACKSON MS	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HART, MICHAEL J.	
STREET ADDRESS	1817 CRANE RIDGE DR	
CITY-ST-ZIP	JACKSON MS	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WINFORD, GREGORY W.	
STREET ADDRESS	1817 CRANE RIDGE DR.	
CITY-ST-ZIP	JACKSON MS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1000 Red Fern Place
2.4 CITY-ST-ZIP	Flowood, MS 39208
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1000 Red Fern Place
3.4 CITY-ST-ZIP	Flowood, MS 39208
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1000 Red Fern Place
4.4 CITY-ST-ZIP	Flowood, MS 39208
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1000 Red Fern Place
5.4 CITY-ST-ZIP	Flowood, MS 39208
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 attachment with an address.

SIGNATURE: Earle F. Jones, President 2/24/97 601/936-3666 XT128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)