

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 291895 (1)

1. Corporation Name
INN OF LAKE CITY, INC.

Principal Place of Business 1000 RED FERN PLACE FLOWOOD MS 39208 US	Mailing Address PO BOX 16807 JACKSON MS 39236 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1965	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number 59-1004836	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, MIKE P	1.2 NAME	
STREET ADDRESS	RT 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA MS	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EARLE F.	2.2 NAME	
STREET ADDRESS	1000 RED FERN PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLOWOOD MS 39208	2.4 CITY-ST-ZIP	
TITLE	SV	3.1 TITLE	Executive Vice President and Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, GAINES P.	3.2 NAME	
STREET ADDRESS	1000 RED FERN PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLOWOOD MS 39208	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	Vice President and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, MICHAEL J.	4.2 NAME	
STREET ADDRESS	1000 RED FERN PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLOWOOD MS 39208	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINFORD, GREGORY W.	5.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39208	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 an attachment with an address.

SIGNATURE: *Michael A Hart* 2/16/98 (62)936-3666

CR2E034 (10/97)